

**LB0000068334**

Florida Department of State  
Division of Corporations  
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*Ronbro*

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**DUTCH HARNESS HORSES, LTD.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL - 7 PM 2:43

APPROVED  
AND  
FILED



July 7, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FAS-T CORP. AGENTS, INC.

SUBJECT: DUTCH HARNESS HORSES, LTD.  
REF: W06000030224

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "Ltd.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

FAX Aud. #: H06000173442  
Letter Number: 706A00043989

RECEIVED  
06 JUL -7 AM 11:19  
DIVISION OF CORPORATION

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

DUTCH HARNESS HORSES, LLC

ARTICLE II. ADDRESS

The principal place of business of this limited liability company shall be:

551 Ave. K. SE, Winter Haven, Fl. 33880

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE:

The name and address of the registered agent and office is Ronald A. Brown, 551 Ave. K. SE, Winter Haven, FL 33880.

SIGNATURE

*R.A. Brown*

TITLE

Member/Manager

DATE

7-5-06

Prepared by Ronald A. Brown & Associates, P.A.  
P. O. Box 999, Winter Haven, FL 33882-0999

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Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE

R.A. Brown

DATE

7-5-06

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Ronald A. Brown

551 Ave. K SE

Winter haven, Fl 33880

Mailing Address: P.O. Box 999, Winter Haven, Fl 33882

R.A. Brown

Signature of a member or an authorized representative of  
a member.

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(In accordance with section 608.408(3), Florida Statutes,  
the execution of this document constitutes an  
affirmation under penalties of perjury that the facts  
stated herein are true.)

Ronald A. Brown

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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