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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

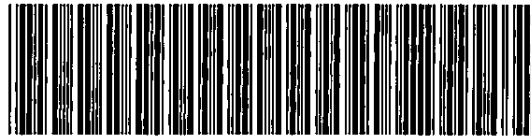
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079  
Fax: 1-818-879-8005 Email: info@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

Friday, January 19, 2007

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: *Bit O' Magic Equine LLC***

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, CA 91302  
**ATTN: FULFILLMENT DEPARTMENT**

**Articles of Organization  
For  
Bit O' Magic Equine LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Bit O' Magic Equine LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

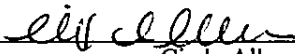
14216 N.W. 195th St.  
Alachua, Florida 32615-8023

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Cindy Allen  
14216 N.W. 195th St.  
Alachua, Florida 32615-8023

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Cindy Allen, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Cindy Allen  
14216 N.W. 195th St.  
Alachua, Florida 32615-8023

Jacqueline Linkous  
14216 N.W. 195th St.  
Alachua, Florida 32615-8023

  
Meghan Record, Organizer

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