

LO7000024549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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We sell 'em & fix 'em

Crestview Equine Equipment LLC

823 James Lee Blvd/US 90 Crestview, FL 32536

February 28, 2007

Tammi Cline
Document Specialist
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Tammi:

Please use February 21, 2007 as the effective date for Crestview Equine Equipment LLC. You are receiving this letter in response to letter number 007A00013070 and per our phone conversation on February 28, 2007. Thank you for taking care of this for us and getting our articles sent back to us.

Sincerely,

H. Fain Yearty

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2007

H. FAIN YEARTY
823 JAMES LEE BLVD.
CRESTVIEW, FL 32536

SUBJECT: CRESTVIEW EQUINE EQUIPMENT LLC
Ref. Number: W07000009185

We have received your document for CRESTVIEW EQUINE EQUIPMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 21, 2007. Please amend your document 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 007A00013070

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRESTVIEW EQUINE EQUIPMENT LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. FAIN YEARTY

(Name of Person)

CRESTVIEW EQUINE EQUIPMENT LLC

(Firm/Company)

823 JAMES LEE BLVD

(Address)

CRESTVIEW, FL 32536

(City/State and Zip Code)

For further information concerning this matter, please call:

H. FAIN YEARTY

(Name of Person)

at (850) 682-5300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRESTVIEW EQUINE EQUIPMENT LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

823 JAMES LEE BLVD
CRESTVIEW, FL 32536

Mailing Address:

823 JAMES LEE BLVD
CRESTVIEW, FL 32536

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

H. FAIN YEARTY
Name

823 JAMES LEE BLVD
Florida street address (P.O. Box NOT acceptable)

CRESTVIEW FL 32536
City, State, and Zip

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 as provided for in Chapter 608, F.S.

H. Fain Yearty
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

H. FAIN YEARTY
823 JAMES LEE BLVD
CRESTVIEW FL 32536

MGRM

EVELYN YEARTY
823 JAMES LEE BLVD
CRESTVIEW FL 32536

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2-21-07 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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

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

H. FAIN YEARTY
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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