

12/24/07

LO7000069485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400105094594

07/02/07--01029--020 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL -2 PM 3:57

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genuine Blend Equestrian Services, LLC

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

Please return all correspondence concerning this matter to the following:

Name: John C. Wenrick
Company: John C. Wenrick, CPA PA
Address: 1976 Alternate 19 S.
Tarpon Springs, FL 34689

For further information concerning this matter, please call:

John C. Wenrick at (727) 944-5979

Enclosed is a check for the \$125.00 filing fee.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL -2 PM 3:57

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 – Name

The name of this limited liability company is **Genuine Blend Equestrian Services, LLC**

ARTICLE 11 – Address

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

Principal Office Address:

6027 Ellerbee Road
Wesley Chapel, FL 33544

Mailing Address:


6027 Ellerbee Road
Wesley Chapel, FL 33544

ARTICLE 111 – Registered Agent, Office & Registered Agent's Signature

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

Sharon D. Lewis
6027 Ellerbee Road
Wesley Chapel, FL 33544

Having been named as the 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.


Sharon D. Lewis

ARTICLE IV – Management

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

Sharon D. Lewis Member/Manager
6027 Ellerbee Rd
Wesley Chapel, FL 33544

Michael E. Lewis Member/Manager
6027 Ellerbee Rd
Wesley Chapel, FL 33544

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL -2 PM 3:57

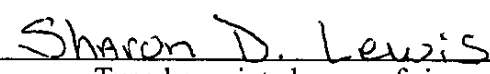
ARTICLE V – Effective Date

The Limited Liability Company will have an effective date of **June 25, 2007** and will exist for a perpetual period.



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 and affirmation under penalties of perjury that the facts stated herein are true.)



Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL -2 PM 3:57