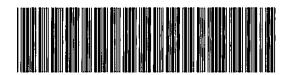
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(Requestor's Name)				
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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DIVISION OF CORPORATIONS

07 JUL -9 PM 3: 30

TO:

Registration Section

COVER LETTER

Division of Corporations	
SUBJECT: Double Lucky Stables	LLC
DODGECT:	imited Liability Company)
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ron Dable	
	(Name of Person)
Double Lucky Stables LL	С
	(Firm/Company)
1 West Linton Boulevard	Unit-7
	(Address)
Delray Beach, Florida 334	144
-	(City/State and Zip Code)
For further information concerning this matter, pl	(Firm/Company) Uni+7 (Address) 144 (City/State and Zip Code) Rease call:
Ron Dable (Name of Person)	at (at (
(mails of 1 closely	(in a constant of payment of the constant of
Enclosed is a check for the following amount	t:
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR F	FLORIDA LIMITED LIABILITY COMPANY
	9 88
ARTICLE I - Name:	는 그
The name of the Limited Liability Company i	s:
Double Lucky Stables LLC	bility Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	30
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1 West Linton Boulevard Unit 7	1 West Linton Boulevard Unit 7
Delray Beach, Fforida 33444	Delray Beach, Florida 33444
(The Limited Liability Company cannot serve as its own Regulations entity with an active Florida registration.) The name and the Florida street address of the Ron Dable	
Nam Nam	ae
1 West Linton Boul	evard Uni+7
Florida street a	address (P.O. Box NOT acceptable)
Delray Beach, Flori	da _r ą3444
City, State	and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete j	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as tity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for In Chapter 608, F.S.
	<u></u>

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Ron Dable	
	-	Q
MGMR	Ron Massey	
		-9 COR
		PH 3
	W-W	—————————————————————————————————————
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: July 05, 2007 (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.)

Ron Dable

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)

Page 2 of 2