

LOT000125621

(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



300108428443

12/19/07--01002--009 \*\*125.00

*Reject*

*607-60592*

SEC 20  
DIVISION  
07 DEC 19 PM 2:53

*No \$*

*SBY  
12/19*

Untitled

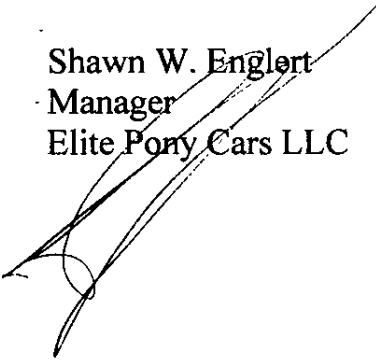
13 December, 2007

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

To whom it may concern:

Two days prior to this date I submitted via US mail the registration documents for a newly forming LLC named "Elite Pony Cars LLC". I neglected to include a check for the appropriate filing fees. I am enclosing the required check with this letter. Please process my filing. Thank you for your help with this matter.

Shawn W. Englert  
Manager  
Elite Pony Cars LLC





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2007

SHAWN W ENGLERT  
PO BOX 701691  
SAINT CLOUD, FL 34770-1691

SUBJECT: ELITE PONY CARS LLC  
Ref. Number: W07000060592

We have received your document for ELITE PONY CARS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 807A00070109

Untitled

13 December, 2007

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

To whom it may concern,

Please find enclosed two (2) copies of the Articles of Organization and Designation of Registered Agent for:

Elite Pony Cars LLC

Please file these, stamp one copy received and return it to us in the enclosed stamped, self addressed envelope.

Thank you for your cooperation,

Shawn W. Englert  
Manager  
Elite Pony Cars LLC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite Pony Cars 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:

Shawn W. Englert

(Name of Person)

Elite Pony Cars LLC

(Firm/Company)

P O Box 701691

(Address)

Saint Cloud, FL 34770-1691

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Englert

(Name of Person)

at ( 407 )

489-0849

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Elite Pony Cars 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:

1026 Shawnda Lane  
Kissimmee, FL 34744

#### Mailing Address:

P O Box 701691  
Saint Cloud, FL 34770-1691

### 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:

Shawn W. Englert

Name

1026 Shawnda Lane

Florida street address (P.O. Box **NOT** acceptable)

Kissimmee

FL 34744

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

REC'D  
DIVISION  
27 DEC 19 PM 2:53

**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:**

**Manager**

Shawn W. Englert

P O Box 701691

Saint Cloud, FL 34770-1691

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Shawn W. Englert

\_\_\_\_\_  
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)**