

LD8000009381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

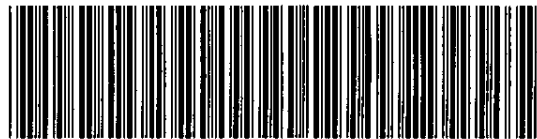
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900115985489

01/25/08--01022--021 \*\*160.00

FILED

08 JAN 25 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DA Thomas 1 JAN 28 2008

**CHRISTOPHER P. KELLEY, P.A.**

TELEPHONE (305) 893-6004  
FACSIMILE (305) 893-7666

ATTORNEY AT LAW  
11098 BISCAYNE BOULEVARD  
SUITE 205  
MIAMI, FLORIDA 33161

EMAIL ADDRESS  
CPKLAW@BELLSOUTH.NET

January 24, 2008

VIA FEDERAL EXPRESS  
AIRBILL NO. 8619 1843 5819

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

FILED  
08 JAN 25 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: GALINDO SPORT HORSES, LLC  
(Proposed Limited Liability Company name)

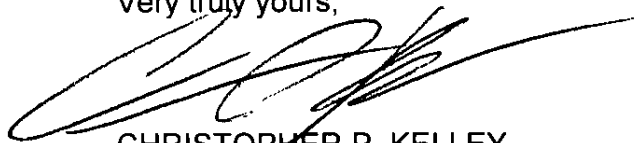
Dear Sir or Madam:

Enclosed is one (1) original and one (1) copy of Articles of Organization for **GALINDO SPORT HORSES, LLC**, with my check in the amount of **\$160.00** for filing same, including:

\$100.00	Filing fee for Articles of Organization and Affidavit.
\$ 25.00	Designation of Registered Agent
\$ 5.00	Certificate of Status
\$ 30.00	Certified copy of Articles

I understand a letter of acknowledgment will be issued free of charge.

Very truly yours,



CHRISTOPHER P. KELLEY

CPK:rd  
Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is:

**GALINDO SPORT HORSES, LLC**

**ARTICLE II  
ADDRESS**

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

The mailing address is: 2280 Shotgun Road  
Davie, FL 33326

The principal office address is: 2280 Shotgun Road  
Davie, FL 33326

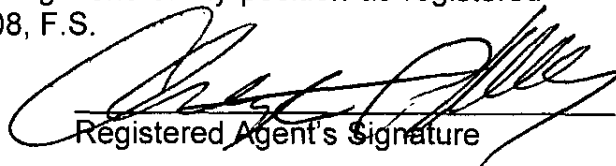
FILED  
08 JAN 25 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the Registered Agent are:

**CHRISTOPHER P. KELLEY**  
11098 Biscayne Boulevard, Suite 205  
Miami, Florida 33161

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

ARTICLE IV  
MANAGER(S) OR MANAGING MEMBER(S)

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGRM**

**CINTHIA ANE'**

1802 N. Pines Island Road, #210  
Plantation, FL 33322

**MGRM**

**LUIS GALINDO**

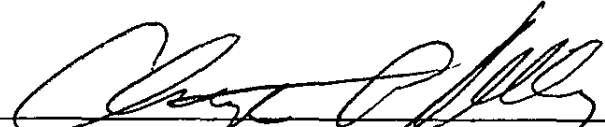
2280 Shotgun Road  
Davie, FL 33326

ARTICLE V  
EFFECTIVE DATE  
(Optional)

Effective date, if other than the date of filing: \_\_\_\_\_

**(If an effective date is listed, the date must be specific and cannot be more than five [5] 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 are true.)

  
Typed or printed name of signee

FILED  
08 JAN 25 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA