

LOG000059808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

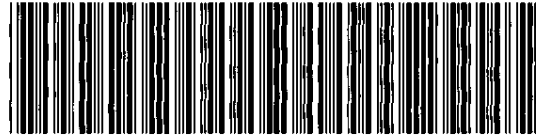
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/08--01038--010 **155.00

RECEIVED
09 JUN 18 PM 2:03
TALLAHASSEE, FLORIDA

B. KOHR
JUN 18 2008
EXAMINER

FILED
09 JUN 18 PM 4:15
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO
DATE: 06/18/2008
REF. #: 000174.88511
CORP. NAME: EQUESTRIAN INSTALLATIONS, LLC

FILED
09 JUN 18 PM 4: 19
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 526473 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION

EQUESTRIAN INSTALLATIONS, LLC,
a Florida limited liability company

FILED
08 JUN 18 PM 4: 19
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

EQUESTRIAN INSTALLATIONS, LLC

ARTICLE II PRINCIPAL OFFICE

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

30605 Hwy. 70 East
Myakka City, FL 34251

ARTICLE III MAILING ADDRESS

The mailing address of the Limited Liability Company within the State of Florida shall be:

P.O. Box 97
Myakka City, FL 34251

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:


Douglas Grosse
30605 Hwy. 70 East
Myakka City, FL 34251

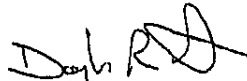
ARTICLE V
MANAGEMENT AND POWERS


The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 18th day of June, 2008.

WITNESSES:


Print Name Christine C. Menzel


Douglas Grosse


Print Name Carol O'Rourke

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

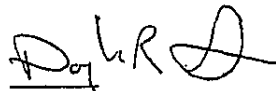
EQUESTRIAN INSTALLATIONS, LLC

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

Douglas Grosse
30605 Hwy. 70 East
Myakka City, FL 34251

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 6/18/08


Douglas Grosse

“REGISTERED AGENT”