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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
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SECRETARY OF STATE
AND ABASSEE, FLORIDA

STATES OF THE ST

T. CLINE

MAR 1 3 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2009

MOEA FUTCHER 40915 LOUISE RD UMATILLA, FL 32784

SUBJECT: MOEA DRESSAGE LLC Ref. Number: W09000010016

We have received your document for MOEA DRESSAGE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A00007293

COVER LETTER

TO:	Registration Division of C				
SUBJ	_{ECT:} Mo	ea Dressage LLC			
		(Name of Limit	ed Liability Com	pany)	
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing	ng.	
Please	return all corres	pondence concerning this mat	ter to the followin	ıg:	
	Moea G F	utcher			7. 2
		- Bernstein Bernstein - Meine - Marier	(Name of Person)		ECC.
	Moea Dre	ssage LLC			2019 MAR 12 PM 1: 03 SECRETARY OF STATE TOLLAHASSEE.FLORID
			(Firm/Company)		SET P
	40915 Lo	uise rd			F ST
			(Address)		20 C S
	Umatilla I	Florida 32784			700
		(Cit	y/State and Zip Co	de)	
For fu	rther information	concerning this matter, please	e call:		
	a G Futch		352	, 430-460	4
		e of Person)	_ at (de & Daytime Tel	
Enclo	sed is a check f	or the following amount:			
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional co		\$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	Registra Division Clifton 2661 Ex	Courier Address tion Section n of Corporation Building recutive Center (ssee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Moea Dress			
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:	TA'S	
The mailing add	lress and street address of	of the principal office of the Limited Liability Company i	S:~
Principal Office Address:		Mailing Address: Mailing Address: AR 12	بعداعة استنت الإسلام الإسلام
40915 Louise rd		40915 Louise rd	1
Umatilla Florida 327	84	Umatilla Florida 32784	۴.
(The Limited Liabilit	y Company cannot serve as its o	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
(The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.)	wn Registered Agent. You must designate an individual or another of the registered agent are:	
(The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) ne Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:	
(The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) ne Florida street address	of the registered agent are: Futcher Name	
(The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) ne Florida street address Dane Jefferson 40915 Louise re	of the registered agent are: Futcher Name	
(The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) ne Florida street address Dane Jefferson 40915 Louise re	of the registered agent are: Futcher Name Street address (P.O. Box NOT acceptable)	
(The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) ne Florida street address Dane Jefferson 40915 Louise referred at the Florida street address and the Florida street address are street address.	of the registered agent are: Futcher Name Street address (P.O. Box NOT acceptable)	

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:

OWNER MGK	Moea G Futcher
-	40915 Louise rd
	Umatilla FL 32784
	· F S
	<u> </u>
	AR:
	المناسية
(Use attachment if necessary)	RIDA
, , , , , , , , , , , , , , , , , , , ,	
LE V: Effective date, if other than th	e date of filing: (OPTION

<u>REQUIRED</u> SIGNATURE:

Signature of a member of 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.)

Moea G Futcher

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)