

L09000043771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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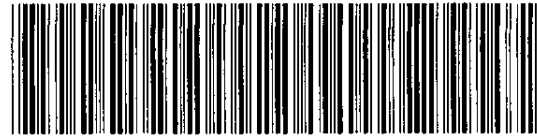
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/09--01002--005 **155.00

RECEIVED
09 MAY -5 PM 3:50
BUREAU OF CORPORATIONS
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
09 MAY -5 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY -5 2009

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 05-05-2009

REF. #: 000174.103938

CORP. NAME: ROYAL PALM EQUINE, LLC

FILED
09 MAY -5 PM 4:25
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# 2417 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

ROYAL PALM EQUINE, LLC,
a Florida limited liability company

FILED
09 MAY -5 PM 4:25
TALLAHASSEE, FLORIDA

ARTICLE I NAME

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

ROYAL PALM EQUINE, LLC

ARTICLE II PRINCIPAL OFFICE

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

103 S. Washington Drive
Sarasota, Florida 34236

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

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

Barbara N. Jarabek
103 S. Washington Drive
Sarasota, Florida 34236

ARTICLE IV 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.

28th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
day of April, 2009.

WITNESSES:

Sheila Nance
Print Name Sheila Nance

Barbara N. Jarabek
Barbara N. Jarabek

Jeffrey M. Schenker
Print Name JEFFREY M. SCHENKER

Sheila Nance
Print Name SHEILA NANCE

Cindy L.J. Audette
Cindy L.J. Audette

Jeffrey M. Schenker
Print Name JEFFREY M. SCHENKER

"MANAGERS"

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:

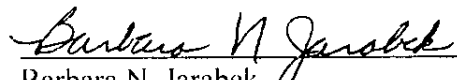
ROYAL PALM EQUINE, LLC

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

Barbara N. Jarabek
103 S. Washington Drive
Sarasota, Florida 34236

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: 4/28/09


Barbara N. Jarabek

“REGISTERED AGENT”