(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



500150263265

05/26/09--01004--018 **51.25

04/17/09--01020--005 **78.75

C. LEWIS MAY 2 6 2009 **EXAMINER**

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Avalon	Equestrian Center LLC (PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	.UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: <u>Ka</u>	thleen Mitchell Name	(Printed or typed)	
	1518 Dawley Ct	Address	
	Brandon, FL 33511	, State & Zip	
	(813) 523-9440	Telephone number	

NOTE: Please provide the original and one copy of the articles.

COVER LETTER

,	TO: Registration Section Division of Corporations
	SUBJECT: Audon Equestrian Center UC (Name of Eimited Liability Company)
	The enclosed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Kathleen Mitchell (Name of Person)
	Avalon Equestrian Center U.C.
	1518 Dauley Ct (Address)
	Brandon, FL 33511 (City/State and Zip Code)
	For further information concerning this matter, please call:
	Kothleen Mitchell at (813) 523-9440 (Area Code & Daytime Telephone Number)
	Enclosed is a check for the following amount:
[\$125.00 Filing Fee L\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2009

KATHLEEN MITCHELL 1518 DAWLEY CT BRANDON, FL 33511

SUBJECT: AVALON EQUESTRIAN CENTER LLC

Ref. Number: W09000019014

We have received your document for AVALON EQUESTRIAN CENTER LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, Ltd. Liability Co., and L.L.C. are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return the corrected original and one copy of 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) 245-6052.

Letter Number: 809A00013599

Paisley A Alford Clerk New Filing Section

Division of Compositions DO DOV 6997 Tollahagaaa Florida 9991

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
Avalon Equestrian Center LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1518 Dawley Ct 1518 Dawley Ct Brandon, PL 33511 Brandon, PL 33511
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: Addless Mitchell Name Address Addre
Florida street address (P.O. Box NOT acceptable) Brandon FL 33511 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)

FILED

10

DD141		D7 3 4 1 3	
<u>Title:</u> "MGR" = Manag	oer	Name and Address:	SECRETARY (TALL'AHASSEE
"MGRM" = Mai			MEELMAN
MADU	,	vallana 1	
TICKIT		Nathuren Phitcher	
		Brandon, FL 33511	
MGRM		o com Mitalell	
710111		9920 Tree Tops Lake	Rd
		Jampa, FL 33626	11992
MGRM		Danie Mitabell	
1.0 (7.		9920 Tree Tops Lake	Rd
		Tampa, FL 33626	
		•	
			
			
(Use attachment	if necessary)		
(Use attachment	• /		
CLE V: Effective	date, if other than the		(OPTIONAL)
CLE V: Effective	date, if other than the osted, the date must be	date of filing: 8/1/09 specific and cannot be more than fi	
CLE V: Effective	date, if other than the osted, the date must be	date of filing: 8/1/09 specific and cannot be more than fi	
CLE V: Effective iffective date is list days after the d	date, if other than the osted, the date must be ate of filing.)	date of filing: <u>8/1/09</u> specific and cannot be more than fi	
CLE V: Effective ffective date is lis	date, if other than the osted, the date must be ate of filing.)	date of filing: 8/1/09 specific and cannot be more than fi	
CLE V: Effective ffective date is list days after the d	date, if other than the osted, the date must be ate of filing.)	date of filing: 8/1/09 specific and cannot be more than fi	
CLE V: Effective ffective date is list days after the d	date, if other than the dated, the date must be ate of filing.) GNATURE:	specific and cannot be more than fi	ve business days p
CLE V: Effective ffective date is list days after the d	date, if other than the dated, the date must be ate of filing.) GNATURE: Signature of a member	specific and cannot be more than fi	ve business days p
CLE V: Effective ffective date is list days after the d	date, if other than the osted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sect	or an authorized representative of a mention 608.408(3), Florida Statutes, the execut	ve business days p
CLE V: Effective iffective date is list days after the d	date, if other than the osted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sect	or an authorized representative of a mention 608.408(3), Florida Statutes, the execututes an affirmation under the penalties of pe	ve business days p

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)