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SALLAHASSEE, FLORIDA

B. KOHR

MAY 2 9 2009

EXAMINER

GUEST-PEAVY-GUEST

CPA'S & COMPANY

50 KINDRED STREET - SUITE 303 STUART, FLORIDA 34994 (772) 286-9005•FAX (772) 286-5030

May 15, 2009

Secretary of State Division of Corporations P.O. BOX 6327 Tallahassee, FL 32319

RE: Articles of Organization and Registered Agent designation

KILBURN THOROUGHBREDS, LLC

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Organization to be filed with the Secretary of State, State of Florida. Also enclosed is my check in the amount of \$155.00, which represents \$125.00 for the filing fee and \$30.00 for the Certified Copy. Please return the certified copy of the Articles of Organization and designation of Registered Agent.

If you have any questions, please feel free to contact me.

Sincerely,

JAMES M. GUEST,CPA

COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT:		THOROUGHBREDS, LLC ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	tter to the following:	
		JAME	S M. GUEST, CPA Name of Person	
		GUEST, PEAVY	, GUEST CPA's & COMPANY Firm/Company	FIL
		50 SE KIN	Name of Person , GUEST CPA's & COMPANY Firm/Company DRED STREET #303 Address JART FL 34994	ED e.
			JART, FL 34994 ity/State and Zip Code	25
		JGUE E-mail address: (to be used	EST@GPCPA.COM for future annual report notification)	
For fur	ther information	n concerning this matter, pleas	se call:	
		ES GUEST e of Person	at (772) 286-9005 Area Code & Daytime Telephone Number	
Enclos	sed is a check t	for the following amount:		
]\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	liability Company is:	
KILBI (Must end wit	URN THOROUG	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	treet address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
50 SE KINDRED STREET #303 STUART, FL 34994		50 SE KINDRED STREET #303 STUART, FL 34994
(The Limited Liability Company of business entity with an active Flor	annot serve as its own Registrida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida	street address of the r	registered agent are:
· · · · · ·	JAMES M. GL	JEST CPA 979 8
	Name	· · · · · · · · · · · · · · · · · · ·
	50 SE KINDRED	STREET #303
Fl	orida street address (P.O.	Box NOT acceptable)
ST	UART, FL 34994	FL
	City, State, a	nd Zip
liability company at the registered agent and agree statutes relating to the pi	e place designated in t e to act in this capacity roper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Manag	
MGRM	EDWARD KILBURN
	3241 LAKE GRIFFIN RD
	LADY LAKE, FL 32159
MGRM	JENNIFER KILBURN
	3241 LAKE GRIFFIN RD LADY LAKE, FL 32159
	LADY LAKE, PL 32139
(Use attachment if	necessary)
ADTICLE V. Effective de	te, if other than the date of filing: (OPTIONAL)
	l, the date must be specific and cannot be more than five business days prior
to or 90 days after the date	· ·
REQUIRED SIGN	NATURE:
	
$\frac{1}{5}$	ignature of a member or an authorized representative of a member.
	In accordance with section 608.408(3), Florida Statutes, the execution
0	f this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	FOWARD I KILDUIN
•	Typed or printed name of signee