

L09000091378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

SEP 22 2009

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 22 PM 1:02

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 09/22/09

REF. #: 001893.111203

CORP. NAME: AMERICAN EQUESTRIAN PROJECTS, LLC

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 SEP 22 PM 1:02

- | | | |
|--|---|---|
| <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# 531834 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

STATE of FLORIDA
LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 22 PM 1:02

FIRST: The name of the limited liability company is **AMERICAN EQUESTRIAN PROJECTS, LLC.**

SECOND: The address of the limited liability company's registered office in the state of Florida is 100 N.W. 70th Avenue, Suite 203, Plantation, Florida 33317 in Broward County.

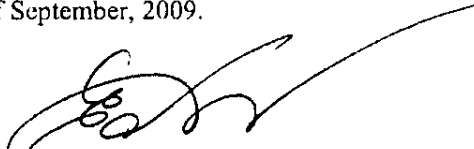
The name of the limited liability company's registered agent at such address in the state of Florida is **CHARLOTTE TOWNE, P.A.**

THIRD: The period of duration of the limited liability company shall be perpetual from the date of issuance of the Articles of Organization by the Division of Corporations in the state of Florida.

FOURTH: The limited liability company is to be manager managed.

The undersigned has executed this Articles of Organization of **AMERICAN EQUESTRIAN PROJECTS, LLC** on this 21st day of September, 2009.

By: _____


EDUARDO D. BRAUN,
Authorized Representative


**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida statutes Sections 608.415 and 621.13(2), the undersigned Company, organized pursuant to the laws of the state of Florida, submits the following statement designating the registered agent/registered office in the state of Florida.

1. The name of the Company is **AMERICAN EQUESTRIAN PROJECTS, LLC.**
2. The name and address of the registered agent and office is:

Attention: **CHARLOTTE TOWNE, P.A.**
100 N.W. 70th Avenue, Suite 203
Plantation, Florida 33317.

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 in Chapter 608 of the Florida statutes.


Registered Agent

*(on behalf of
Charlotte Towne, P.A.)*

Date: September 21, 2009