

L10500030538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

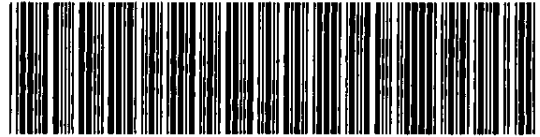
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FILED
10 MAR 18 PM 12: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 19 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P & A Stables, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan D. Douglas

Name of Person

Firm/Company

1901 South Daytona Avenue

Address

Flagler Beach, Florida 32136

City/State and Zip Code

addouglas@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan D. Douglas

Name of Person

at (386) 405-6898

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

P & A Stables, 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:

8280 Morrison Road
Hastings, Florida 32145

1901 South Daytona Avenue
Flagler Beach, Florida 32136

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:

Alan D. Douglas
Name

1901 South Daytona Avenue
Florida street address (P.O. Box **NOT** acceptable)

Flagler Beach, Florida 32136 FL
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Alan D. Douglas
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 3/15/10

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Alan D. Douglas

1901 South Daytona Avenue

Flagler Beach, Florida 32136

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 15, 2010 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Alan D. Douglas

Signature of a member or 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.)

ALAN D. DOUGLAS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAR 18 PM 12:25
FILED

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)