

Division of Corporations

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L10000109349

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations

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THE HORSE THERAPY, LLC

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A. LUNT

OCT 26 2010

EXAMINER

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H10000232450

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
THE HORSE THERAPY, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the limited liability company is: Horse Therapy, LLC.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: October 22, 2010


Signature of a member or authorized representative of a member

WALLACE WARD
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR28062 (08/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 25 AM 10:08

FILED

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October 20, 2010

FLORIDA DEPARTMENT OF STATE
Division of CorporationsTHE HORSE THERAPY, LLC
1610 CLERMONT DRIVE, NO. 104
NAPLES, FL 34109

The Articles of Organization for THE HORSE THERAPY, LLC were filed on October 19, 2010, and assigned document number L10000109349. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document number that was electronically submitted and filed under FAX audit number H10000228435.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Leslie Sellers
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 310A00024773

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State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Organization of THE HORSE THERAPY, LLC, a limited liability company organized under the laws of the state of Florida, filed on October 19, 2010, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H10000228435. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L10000109349.

Authentication Code: 310A00024773-102010-L10000109349-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twentieth day of October, 2010



H10000232450

Dawn K. Roberts
Dawn K. Roberts
Secretary of State

H10000232450

**ARTICLES OF ORGANIZATION
OF
THE HORSE THERAPY, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, as amended, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is The Horse Therapy, LLC (the "Company").

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company is 1610 Clermont Drive, No. 104, Naples, FL 34109.

**ARTICLE III
DURATION**

The period of duration for the Company shall be perpetual.

**ARTICLE IV
REGISTERED OFFICE AND AGENT AND ADDRESS**

The name and street address of the registered agent of the Company in the State of Florida are:

<u>Name</u>	<u>Address</u>
Corporation Service Company	1201 Hays Street Tallahassee, FL 32301

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IN WITNESS WHEREOF, the undersigned authorized representative of the member has made and subscribed these Articles of Organization this 16th day of October 2010.


Wallace Ward
Authorized Representative of Member

REGISTERED AGENT'S ACCEPTANCE

Having been named as registered agent and to accept service of process for The Horse Therapy, LLC at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

Dated: 10/18, 2010

By: 
Name: Sonya L. Cordell
Title: Assistant VP

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