

L110000089587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

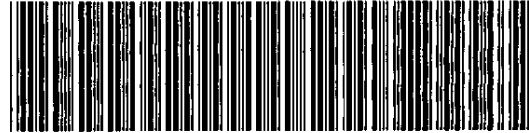
(Business Entity Name)

(Document Number)

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06/20/11--01024--010 **160.00

EFFECTIVE DATE 08-01-11

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG -3 PM 1:02

B. BOSTICK
AUG 4 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAKE THE REINS STABLES, L.L.C.

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:

JULIE AND LAJOS TOTH

Name of Person

TAKE THE REINS STABLES, L.L.C.

Firm/Company

5700 EAST IRLO BRONSON MEMORIAL HWY.

Address

SAINT CLOUD, FLORIDA 34771

City/State and Zip Code

julieltotth@hotmail.com

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

For further information concerning this matter, please call:

Julie Toth

Name of Person

at (407) 608-0166

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

FILED
11 AUG -3 PM 1:02
STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAKE THE REINS STABLES, L.L.C.

(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:

BARN -

Principal Office Address:

*

Mailing Address:

5700 E. IRLO BRONSON MEM. HWY.
ST. CLOUD, FL
34771

3910 CEDAR HAMMOCK TR.
ST. CLOUD, FL
34772

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:

Julie Toth
Name

3910 Cedar Hammock Trail
Florida street address (P.O. Box **NOT** acceptable)

Saint Cloud, FL 34772
City, State, and Zip

FILED
11 AUG -3 PM 1:02
CLERK OF DISTRICT COURT
FALL ABERNETHY, 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..

Julie Toth
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

JULIE LYNN TOTH
3910 CEDAR HAMMOCK TRAIL
SAINT CLOUD, FL 34772

MGR

Lajos Toth
3910 CEDAR HAMMOCK TRAIL
SAINT CLOUD, FL 34772

11 AUG - 3 PM 1:02
STATE
FALLINGWATER, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Aug JUNE 01, 2011 (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:

Julie L. Toth
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Julie L. Toth
Typed or printed name of signee

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2011

JULIE AND LAJOS TOTH
5700 EAST IRLO BRONSON MEMORIAL HWY
ST. CLOUD, FL 34771

SUBJECT: TAKE THE REINS STABLES, L.L.C.
Ref. Number: W11000033435

We have received your document for TAKE THE REINS STABLES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return 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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 611A00015059

L11000089584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/03/11--01012--005 **125.00

FILED
11 AUG -3 PM 12:46
SEALAND, FL STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 4 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAB ISLAND MAMBO 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:

STEVE KESEGICH

Name of Person

CRAB ISLAND MAMBO LLC

Firm/Company

P.O. BOX 1196

Address

DESTIN, FL 32540

City/State and Zip Code

SKESEGICH@COX.NET

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

For further information concerning this matter, please call:

STEVE KESEGICH

Name of Person

at (850)

217-2993 SK
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

FILED
11 AUG - 3 PM 12:46
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRAB ISLAND MAMBO 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:

4248 JADE LOOP
DESTIN, FL 32541

Mailing Address:

P.O. BOX 1196
DESTIN, FL 32540

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:

STEVE KESEGICH

Name

4248 JADE LOOP

Florida street address (P.O. Box **NOT** acceptable)

DESTIN, FL 32541

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG - 3 PM 12:46

FILED

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)

(CONTINUED)

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

STEVE KESEGICH
4248 JADE LOOP
DESTIN, FL 32541

MGRM

CYNTHIA L. VOHS
4248 JADE LOOP
DESTIN, FL 32541

11 AUG -3 PM 12:46
STATE
TALLAHASSEE, FLORIDA


FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

STEVE KESEGICH

Typed or printed name of signer

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)**