

L110000132707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

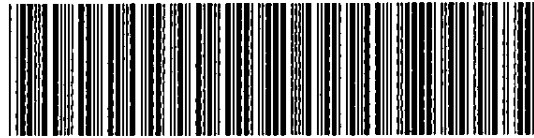
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
NOV 22 2011
EXAMINER



600214413286

600214413286
11/22/11--01003--006 **250.00

RECEIVED
11 NOV 22 AM 10:09
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 NOV 22 PM 1:32
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

11/22 Ann

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

FILED STATE
SECRETARY OF CORPORATION
11 NOV 22 PM 1:32

1. ANIMATION EQUINE, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 22 PM 1:32

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANIMATION EQUINE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2151 NE 212th Court
Williston FL 32696

Mailing Address:


P.O. Box 797
Brewster NY 10509

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kim L. Perlman
2151 NE 212th Court
Williston FL 32696

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, Florida Statutes.



Kim L. Perlman

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

The name and address of the Managers are as follows:

Title:

Name and Address:

"MGR"

Kim L. Perlman
P.O. Box 797
Brewster NY 10509

"MGR"

Caroline P. Sykes
P.O. Box 797
Brewster NY 10509

REQUIRED SIGNATURE:

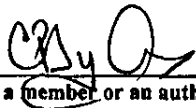


Signature of a member or an authorized representative of a member.

(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.)

Kim L. Perlman

Typed or printed name of signee



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.)

Caroline P. Sykes

Typed or printed name of signee