

L12000000032

(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



400215185804

Effective Date 12/27/11

400215185804  
12/19/11--01038--014 \*\*130.00

FILED

2011 DEC 30 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-63218

J. BRYAN

JAN - 8 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cypress Bay Equestrian

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:

Tonia R Steffanini

Name of Person

Cypress Bay Equestrian

Firm/Company

2172 West Nine Mile Rd Suite 391

Address

Pensacola, FL 32534

City/State and Zip Code

tonia.morales@gmail.com

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

For further information concerning this matter, please call:

Tonia Steffanini

Name of Person

at ( 248 ) 521-5423

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  
2011 DEC 30 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2011

TONIA R STEFFANINI  
CYPRESS BAY EQUESTRIAN LLC  
2172 WEST NINE MILE RD SUITE 391  
PENSACOLA,

SUBJECT: CYPRESS BAY EQUESTRIAN LLC  
Ref. Number: W11000063218

FILED  
2011 DEC 30 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CYPRESS BAY EQUESTRIAN LLC and your check(s) totaling \$130.00. 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 December 19, 2011. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 411A00028361

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cypress Bay Equestrian, 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:**

2172 West Nine Mile Rd  
Suite 391  
Pensacola, FL 32534

**Mailing Address:**

2172 West Nine Mile Rd  
Suite 391  
Pensacola, FL 32534

**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:

Effective Date 12/27/11

Tonia R Steffanini

Name

2172 West Nine Mile Rd

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

Pensacola

FL 32534

City, State, and Zip

*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..*

Tonia R Steffanini

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

Tonia R Steffanini  
2172 West Nine Mile Rd  
Pensacola, FL 32534

FILED  
2011 DEC 30 AM 9:57  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 27, 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:**

Tonia R Steffanini  
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.)

Tonia R. Steffanini  
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)**