

L120000012639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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**B. KOHR**

JAN 27 2012

**EXAMINER**



100219069111

01/25/12--01014--014 \*\*160.00

EFFECTIVE DATE

1/21/2012

12 JAN 25 PM 4:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DUNLEO SOUTH EQUESTRIAN CENTER 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:

**EFFECTIVE DATE** 1/21/2012

**JESSICA MAKRIS**

Name of Person

**DUNLEO SOUTH EQUESTRIAN CENTER LLC**

Firm/Company

**15615 COUNTY RD 474**

Address

**CLERMONT FL 34714**

City/State and Zip Code

**FDURBIN@AOL.COM**

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

For further information concerning this matter, please call:

**JESSICA MAKRIS**

Name of Person

at ( **321** ) **297-7658**

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

EFFECTIVE DATE

1/21/2012

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**DUNLEO SOUTH EQUESTRIAN CENTER LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLE II - Address:**

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

**Principal Office Address:**

15615 COUNTY ROAD 474  
CLERMONT FL 34714

**Mailing Address:**

15615 COUNTY ROAD 474  
CLERMONT FL 34714

**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:

**FRANK DURBIN**

Name

**1443 ALBERNI ST NW**

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

**PALM BAY FL 32907**

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..*

  
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

JESSICA MAKRIS

15615 COUNTY RD 474

CLERMONT FL 34714

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/21/2012. (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.)

JESSICA MAKRIS

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)**