

L12000029983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

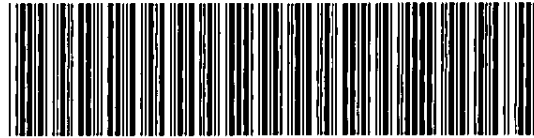
(Business Entity Name)

(Document Number)

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12 FEB 30 AM 11:42 2012 MAR -1 AM 8:50  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR -2 2012

EXAMINER

**CORPORATE  
ACCESS,  
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**WALK IN**

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LLC

1. SCOTT KEACH EQUESTRIAN, 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:**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2012 MAR -1 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SCOTT KEACH EQUESTRIAN, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

8040 W. Hwy 326  
Ocala FL 34482

**Mailing Address:**

8040 W. Hwy 326  
Ocala FL 34482

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

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

Scott Keach  
8040 W. Hwy 326  
Ocala FL 34482

*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.*

  
\_\_\_\_\_  
Scott Keach

FILED

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

2012 MAR -1 AM 8:50

The names and addresses of the Managers are as follows:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

**Name and Address:**

"MGR"

Scott Keach  
8040 W. Hwy 326  
Ocala FL 34482

**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.)

\_\_\_\_\_  
Scott Keach  
Typed or printed name of signee