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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

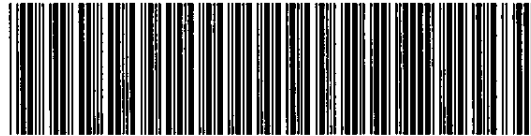
\_\_\_\_\_  
(Business Entity Name)

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C. LEWIS  
DEC 18 2012  
EXAMINER

# DAVID L. MACKAY ATTORNEY, P. A.

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Mailing Address:  
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Physical Address:  
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David MacKay: david@mackaylaw.us  
Legal Assistant: jeanette@mackaylaw.us  
Information: info@mackaylaw.us

December 13, 2012

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314-6327


Re: Painted Pegasus Stables, LLC  
Diane W. McAdams, LLC  
Un-Bridled, LLC

TO WHOM IT MAY CONCERN:

Enclosed is the original and one copy of Articles of Organization for the above-captioned Florida limited liability companies, together with our trust account checks for each LLC in the amount of \$125.00. Please acknowledge receipt and filing of the articles on the acknowledgment copies which are enclosed and return them to me at the above address.

Thank you for your attention to this matter.

Very truly yours,

  
DAVID L. MacKAY  
For the Firm

DLM/jf

Enclosures

**ARTICLES OF ORGANIZATION FOR  
DIANE W. McADAMS, LLC, a  
Florida Limited Liability Company**

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**ARTICLE I – NAME**

The name of the Limited Liability Company is **DIANE W. McADAMS, LLC**.

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 819 South Federal Highway, Suite 200-B, Stuart, Florida, 34994.

**ARTICLE III – PURPOSE AND DURATION**

The purpose of this limited liability company shall be to engage in any business activity allowed by law and authorized by the Members and specifically without limitation, to own horses and equipment related to use in providing equine assisted learning and psychotherapy services, and such other similar services as may be approved by the Members.

The period of duration for this Limited Liability Company shall be perpetual, subject to earlier dissolution upon the occurrence of any of the following events:

- (a) By the unanimous written agreement of all Members; or
- (b) As otherwise provided by law.
- (c) Notwithstanding the foregoing, so long as this Limited Liability Company has one remaining Member, the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member shall not cause the dissolution of this Limited Liability Company.

**ARTICLE IV – Management**

This Limited Liability Company is to be managed by its Members in accordance with the provisions of Florida Statutes.

**ARTICLE V – Admission of Additional Members**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

From the date of the formation of this Limited Liability Company, any person or entity acceptable to Members holding the majority of the equity interest of this Limited Liability Company may become a Member in this Company, either by the issuance by the Company of Membership Interests for such consideration as the Members, by such majority vote, shall determine, or as a transferee of a Member's membership interest or any portion thereof, subject to the terms and conditions that may be set forth in the Operating Agreement adopted by the Members.

**CERTIFICATE DESIGNATING REGISTERED  
OFFICE AND REGISTERED AGENT**

The Company's initial registered office and initial registered agent at such office is:

Registered Agent: Diane W. McAdams  
819 South Federal Highway  
Stuart, Florida 34994

The registered office and registered agent may be changed from time to time by filing the address of the new registered office and/or the name of the new registered agent with the Florida Secretary of State pursuant to the Florida Limited Liability Company Act.

**ACCEPTANCE**

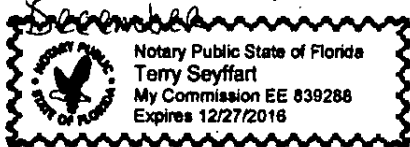
I HEREBY ACCEPT the appointment as Registered Agent of and agree to act in that capacity as contemplated by § 607.164, Florida Statutes.




DIANE W. McADAMS, Registered Agent

STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing Acceptance of Registered Agent was acknowledged before me this 4 day of November, 2012, by DIANE McADAMS.



  
(Signature of Notary Public, State of Florida)  
(Print, Type or Stamp Commissioned  
Name of Notary Public)

Personally Known ☒ OR, Produced Identification \_\_\_\_\_; Type of Identification Produced: \_\_\_\_\_

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IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of  
Organization, this 4 day of ~~November~~, 2012.

*December*

SUBSCRIBER:

*Diane W. McAdams*

DIANE W. McADAMS

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