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B. BOSTICK
MAR **2 2** 2013

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

Noel's Farrier Service, 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:

Noel A. and or Cynthia Lee Diaz

Firm/Company

8241 SW 41 Place Road

Address

Ocala, Florida 34481

City/State and Zip Code

noelshoeit@noelshorseshoeing.com

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

For further information concerning this matter, please call:

Noel A. or Cynthia Lee Diaz at (

,352

237-0857

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
Noel's Farrier Service,LLC		
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	s of the principal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
8241 SW 41 Place Road	8241 SW 41 Place Road	
Ocala, Florida 34481	Ocala, Florida 34481	
The name and the Florida street address Noel A. Diaz	; 	
	Name $\overline{\omega}$	
8241 SW 41 Place Roa	ad Är AR	estana y
Florid	la street address (P.O. Box NOT acceptable) $\frac{\sqrt{2}}{\sqrt{2}}$	Same and a
Ocala, Florida 34	FL	M
	City, State, and Zip	
liability company at the place desig registered agent and agree to act in t all statutes relating to the proper an	nt and to accept service of process for the above stated le mated in this certificate, I hereby accept the appointmen this capacity. I further agree to comply with the provision of complete performance of my duties, and I am familiar tion as registered agent as provided for in Chapter 608,	t as ons of with
Registered Age	A. Ciar ent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Noel A. Diaz, MGR	8241 SW 41 Place Road	
	Ocala, Florida 34481	
Cynthia Lee Diaz, MGR	8241 SW 41 Place Road	
	Ocala, Florida 34481	
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(Use attachment if necessary)	9: 2 LORAT	المسيدا
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ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTION)	
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of the effective date is listed, the date must be determined in the effective date of filing.)	e date of filing: (OPTION. t be specific and cannot be more than five busine	
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a me	et date of filing: (OPTION. t be specific and cannot be more than five busine er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State	
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a me	et date of filing:	

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