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2013 SEP -4 ANTI: 52

J. SAULG....'177Y EXAMINER

SEP 6 2013

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Coffee & Horse Company LLC

SUBJECT:

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:

Gabriel Martinetti Name of Person	
Coffee & Horse Company LLC	
Firm/Company	
4953 SW 45th Cir	
Address	26
Ocala / FL 34474	2013 SEF
City/State and Zip Code	- L
tukantec@hotmail.com	
E-mail address: (to be used for future annual report notification)	日 三
For further information concerning this matter, please call:	RHII: 52
Laura Rodriguez 352 207-4481	P
Name of Person Area Code & Daytime Telephone Numb	per

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 Company is:				
Coffee & Horse Company LLC				
(Must end with the words "Limited Liabi	lity Company "L.L.C.," or "LLC.")			
(1740) 0.10 1111 110 110 110 110 110 110 110 1	, соприну, ш.г.с., от гле.			
<b>ARTICLE II - Address:</b> The mailing address and street address of the particle.	rincipal office of the Limited Lia	bility Co	mpan <sup>.</sup>	v is:
Principal Office Address:	Mailing Address:			
4953 SW 45th Cir	4953 SW 45th Cir			
Ocala, FL 34474	Ocala, FL 34474			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		lual or anot	her	
The name and the Florida street address of the	registered agent are:	ALL AMATER	2013 SEP -4	
Laura Rodriguez		> `` = *	33	***
Name	:	<b>F</b> > :	1	Parame
		<u> </u>		ر مبرـــــــــــــــــــــــــــــــــــ
4953 SW 45th Cir		alwis ju	AM II: 52	,,
	dress (P.O. Box <u>NOT</u> acceptable)	STA VIS		
Ocala FL 34474	FL	<b>3</b> 5	55	
City, S	tate, and Zip	};>>	, ,	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple and accept the obligations of my position as referenced to the registered Agent's Signature.	this certificate, I hereby accept the city. I further agree to comply with the performance of my duties, and egistered agent as provided for in	e appoin th the pro I am fam	itment ovision uiliar w	as is of vith
CONTIN	TIED)			

Page 1 of 2

MGR" = Manager MGRM" = Managing Member	Name and Address:
MGR	Laura Rodriguez
	4953 SW 45th Cir
	Ocala, FL 34474
,	
	p { /
Use attachment if necessary)  LE V: Effective date, if other than	the date of filing: (OPTIC
LE V: Effective date, if other than	nust be specific and cannot be more than five bus
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five bus
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation of I am aware that any false in	nust be specific and cannot be more than five bus
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation of I am aware that any false in	ember or an authorized representative of a member.  1 608,408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation of a management of a manage	ember or an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)

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