

(Re	equestor's Name)	,
(Ac	ldress)	,
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	- <del>1</del> 0
(Cit	ty/State/Zip/F110116	<del>σπ)</del>
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		. <u>-</u>
Special Instructions to	Filing Officer:	

Office Use Only



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13 OCT 17 AH 12: 51

2013 OCT 17 AK 10: 31

B. BOSTICK OCT 18 2013 EXAMINER



ILON SENTILE COMPANI	
ACCOUNT NO. : 1200000	00195
REFERENCE : 850314	4348161
AUTHORIZATION :	Elena
COST LIMIT : \$(125.0	0
ORDER DATE: October 17, 2013	
ORDER TIME : 12:05 PM	
ORDER NO. : 850314-005	
CUSTOMER NO: 4348161	
DOMESTIC FILING	
NAME: GALLOPING COW, LLC	
EFFECTIVE DATE:	2013 C
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTN XX ARTICLES OF ORGANIZATION	(7) - T
PLEASE RETURN THE FOLLOWING AS PROO	F OF FILING: LOSS 3
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT	. 52956
FXΔMT	NER'S INTTIALS.

## COVER LETTER

TO:	Registration S Division of Co						
Crim r	rcr.	Gallop	ing Cov	v, LLC			
SUBJ	ECI:	Name of Limite	d Liability Com	pany			
The er	nclosed Articles of	f Organization and fee(s) are s	ubmitted for filir	ıg.			
Please	return all corresp	ondence concerning this matte	er to the followin	g:			
	John J.	Ferguson					
			Name of Person		<del></del>		_
	Ferguse	on Cohen, LLI	<b>D</b>				
			Firm/Company				_
	25 Field	d Point Road					
			Address	<del></del>			_
	Greenw	vich, CT 0683	0				
		·	y/State and Zip Co	ide	· <del></del>		
	jferguson(	@fercolaw.com				₹	20)
		E-mail address: (to be used f	or future annual re	port notification	1)	ر است. زیرت معلق	0
For fi	ırther information	concerning this matter, please	call:			五:: >-::::::::::::::::::::::::::::::::::	
Jo	hn Fergi	uson	<sub>at</sub> 203	ຸ661-5	222, Ext.	1	
	Name	of Person	Area Co	ide & Daytime T	elephone Number		Ē
Enclo	osed is a check f	or the following amount:					نت
<b>□\$</b> 12:	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fi Certified C (additional c	_	Certified (	of Status	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registi Divisio Cliftor 2661 E	/Courier Addr ration Section on of Corporat n Building Executive Cent assee, FL 3230	ions er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the Li	mited Liability Compar	ny is:	
	Gallopin	g Cow, LLC	
(Mı	ist end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	id zooo.		
		the principal office of the Limited Lia	ability Company is:
	55 414 011 001		
Principal Office A	<u> Address:</u>	Mailing Address:	
3 Çedar Hill		3 Cedar Hill	
Greenwich, CT 06830		Greenwich, CT 06830	
0.00,			<del></del>
business entity with an	active Florida registration.) Florida street address of Corporation Service Compa	f the registered agent are:  any  Name  Peet address (P.O. Box <u>NOT</u> acceptable)	2013 OCT 17 AN IO: 3
	Tallahassee, FL 323	301	5- 2
		City, State, and Zip	<b>*</b> ·
liability compa registered agent all statutes relai	my at the place designat and agree to act in this ting to the proper and co bligations of my position	and to accept service of process for the ed in this certificate, I hereby accept to capacity. I further agree to comply womplete performance of my duties, and has registered agent as provided for its Signature (REQUIRED)	he appointment as with the provisions of d I am familiar with

(CONTINUED)

Janet Budhu, Asst. Vice President

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
MGRM	Karen S. Ferguson
	3 Cedar Hill
	Greenwich, Connecticut 06830
	777 (1)
	S.
	<u></u>
	•
(Use attachment if necessary)	·
	n the date of filing: (OPTION
LE V: Effective date, if other than	n the date of filing: (OPTION must be specific and cannot be more than five busin
LE V: Effective date, if other than	must be specific and cannot be more than five busin
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LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	ember or an authorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation)	ember or an authorized representative of a member.  on 608,408(1) Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation of I am aware that any false is	ember or an authorized representative of a member.
ffective date is listed, the date of or 90 days after the date of filing recorded to the date	ember or an authorized representative of a member.  on 608.408(1) Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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)