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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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SECRETAGE STATE

EFFECTIVE DATE

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: <u>SIGNATURE EQUINE SVCS</u> Name o	LLC f Limited Liability Company	
		. Similar Business Company	25
The er	sclosed Articles of Organization and fee	(s) are submitted for filing.	FEB 1
Please	return all correspondence concerning th	is matter to the following:	
	MARTHA DeLANO		
		Name of Person	हिंहा ळ
	SIGNATURE EQUINE SVCS.,		
		Firm/Company	
	12240 NE 14TH AVEUE	Address	
		1 1001 000	
	ANTHONY EL 20047		
	ANTHONY, FL 32617	City/State and Zip Code	
_SI	gnaturefarm@embaromail.com E-mail address: (to be	used for future annual report notification	n)
г. с.	al	of control le	
FOF TU	rther information concerning this matter,	, please call:	
MAR	THA DeLANO Name of Person	at (<u>352</u>) <u>362-1145</u> Area Code Daytime Teleph	aona Numbar
	Name of Person	Area Code Daytine Felepi	ione Number
E-d-	and the subscale for the following amount		
Encios	ed is a check for the following amount:		_
□ \$125.0	00 Filing Fee \$\sqrt{2}\$130.00 Filing Fee	<u> </u>	3\$160.00 Filing Fee,
	Certificate of Statu	s Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			additional copy is enclosed)
	Mailing Address	Street/Courier Address	.
	Registration Section	Registration Section	<u>:</u>
	Division of Corporations	Division of Corporation	S
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center (Circle
	1 ananassee, I'L 32314	ZOOT EXECUTIVE CEINEL	CHOIC

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	:		
The hame of the shin	ited Liability Company is:		
SIGNATURE EQU	INE SVCS., LLC		
	(Must end with the words '	"Limited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Addr		incipal office of the Limited Liability C	lammany is
_			ompany is.
Principal Office Add	dress:	Mailing Address:	
12240NE 14TH AV ANTHONY, FL 32		SAME	
(The Limited Liability another business enti	y Company cannot serve as ity with an active Florida re		ure: lesignate an individual or
The name and the Flo	orida street address of the re	egistered agent are:	
	MARTHA DeLANO	Name	
	12240 NE 14TH AVE	NUE P.O. Box NOT acceptable)	
		FL 32617	
	ANTHONY City	Zip	
the place designate capacity. I further	City as registered agent and to a sted in this certificate, I here agree to comply with the pr I am familiar with and acce		l agent and agree to act in this oper and complete performance
the place designate capacity. I further	City as registered agent and to deted in this certificate, I here agree to comply with the pr I am familiar with and acce	Zip accept service of process for the above so the accept the appointment as registered rovisions of all statutes relating to the pro- topt the obligations of my position as regis Chapter 605, F.S	l agent and agree to act in this oper and complete performance
the place designate capacity. I further	City as registered agent and to a sted in this certificate, I here agree to comply with the pr I am familiar with and acce Registered Agen	Zip accept service of process for the above so the accept the appointment as registered rovisions of all statutes relating to the pro- topt the obligations of my position as regis Chapter 605, F.S	l agent and agree to act in this oper and complete performance

Title: "AMBR" = Authorized Member "MGR" = Manager MGR MARTHA DeLANO 12240 NE. 14TH AVENUE ANTHONY, FL. 32617 NONE Signature of a member or an authorized representative of a member. (In accordance with section 605 0203 (1) (6), Plorida Statues, the execution of this document of the following flags, information and observation of this document of the following flags of the provision of the comment of the constitutes a third degree felony as provided for in s.817.155, F.S.) MARTHA Del ANO Typed or printed name of signee Filing Fees: \$125.00 Diling Fee for Articles of Organization and Designation of Registered Agent \$3.000 Certified Copy (Optional) \$5.00 Certified Copy (Optional) \$5.00 Certified Copy (Optional) Page 2 or 2	Tislos	Name and Address
MARTHA DeLANO 12240 NE 14TH AVENUE ANTHONY, FL 32617 NONE Signature of a member or an authorized representative of a member. (In accordance with section 605 0203 (I) (b), Florida Statutes the execution of this document of the constitutes a third degree felony as provided for in s.817.155, F.S.) MARTHA DeLANO Typed or printed name of signee Filing Fees: S12.00 Biling Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional) Page 2 or 2		Name and Address:
MARTHA DelANO 12240 NE 14TH AVENUE ANTHONY, FL 32617 NONE		
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