## L14000108696

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



000261718760

07/09/14--01018--023 \*\*125.00

FILED 2011 JUL -9 P 3 05 SECRETARY OF STATE

B. BOSTICK

JUL - 9 2014

	CO	IVER LETTER	,,
TO: Registration of	n Section Corporations		
SUBJECT:		rformance Horses, L.L.C. mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this n	natter to the following:	
No		Christing S. Arrington Name of Person	<del></del> .
Parties of the Control of the Contro	Arringto	n Performance Horses, L.L.C. Firm/Company	<del></del>
	<u> </u>	1124 First Avenue Address	
	•	* ************************************	
<del></del>		Sraceville, FL 32440 City/State and Zip Code	<del></del>
<del> </del>	E-mail address: (to be use	Christie Arrin@aol.com d for future annual report notification)	
For further information	on concerning this matter, plea	ase call:	
	ine S. Arrington at (_ me of Person	706 ) 302-7246 Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & ☐\$160.00 Filing Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	atus & S.
Reg Div P.O	iling Address sistration Section rision of Corporations between Box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	TARY OF STA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		mance Horses, L.L.C.
	(Must end with the words "Limit	led Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - A The mailing addre		l office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1124 First Aver Graceville, FI 3	,	1124 First Avenue Graceville, Fl 32440
		Gladevine, I I DZ-170
(The Limited Lial	Registered Agent, Registered Offic	ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or
(The Limited Lial another business	Registered Agent, Registered Offic bility Company cannot serve as its ov	ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or tion.)
(The Limited Lial another business	Registered Agent, Registered Office bility Company cannot serve as its ownerity with an active Florida registrate Plorida street address of the register Ricky J.	ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or tion.) red agent are: Amington
(The Limited Lial another business	Registered Agent, Registered Office bility Company cannot serve as its ownerity with an active Florida registrate Plorida street address of the register	ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or tion.) red agent are: Amington
(The Limited Lial another business	Registered Agent, Registered Office bility Company cannot serve as its ownentity with an active Florida registrate Plorida street address of the register Ricky J. Na. 1124 Fitt	ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or tion.) red agent are: Amington me
(The Limited Lial another business	Registered Agent, Registered Office bility Company cannot serve as its ownerity with an active Florida registrate Plorida street address of the register Ricky J.	ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or tion.) red agent are: Amington me
(The Limited Lial another business	Registered Agent, Registered Office bility Company cannot serve as its ownentity with an active Florida registrate Plorida street address of the register Ricky J. Na. 1124 Fitt	ee, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or tion.) red agent are: Amington me

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

. (CONTINUED)

Page 1 of 2

SECRETARY OF STATE

.

.

•

€. 1

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Christine S. Arrington
TRI COLO	1124 First Avenue
	Graceville, Ft 32440
=	
AMBR	Ricky J. Arrington
	1124 First Avenue Graceville, Ft 32440
	Glacoving, Fr 32440
	. <del> </del>
-	
<u> </u>	
A	
	: (OPTIONAL) d cannot be more than five business days prior to or 90 da
LEV: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and of filing.)	d cannot be more than five business days prior to or 90 da
LEV: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and to filling.)	d cannot be more than five business days prior to or 90 da
LEV: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and to filling.)	d cannot be more than five business days prior to or 90 da
LEV: Effective date, if other than the date of filing:  ffective date is listed, the date must be specific and e of filing.)  LE VI: Other provisions, if any.	d cannot be more than five business days prior to or 90 da
REOUIRED SIGNATURE:  Signature of a member of (in accordance with section 605.0203) (constitutes an affirmation under the per i am aware that any false information signature of a	Leany to an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, authorized in a document to the Department of State
LE V: Effective date, if other than the date of filing:  ffective date is listed, the date must be specific and of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or (in accordance with section 605.0203 (constitutes an affirmation under the per	Leany to an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, authorized in a document to the Department of State
REOUIRED SIGNATURE:  Signature of a member or (in accordance with section 605.0203 (constitutes an affirmation under the per 1 am aware that any false information as constitutes a third degree felony as provided.	Leany to an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, authorized in a document to the Department of State
REOUIRED SIGNATURE:  Signature of a member or (in accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information as constitutes a third degree felony as provided.	Learnest be more than five business days prior to or 90 days an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, abmitted in a document to the Department of State wided for in s.817.155, F.S.)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

4 JUL -9 P 3 0 ERETARY OF STATI