L14000170734

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(* 10	u1033)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
`	,	,
<u> </u>	cument Number)	
(100	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
- p	·g =	ì
		1
		1
	• • •	

Office Use Only



900266025589

10/31/14--01004--017 **130.00

14 OCT 31 PH 4: 25
SECRE MANY OF STATE
TALLAHASSEE, FLORID

T. Burch MOVE 32014

COVER LETTER

TO: Registration Division of C			
SUBJECT: 57	ANDARDERED C	TATION LIC	
	ANDARDBRED S Name of Lin	nited Liability Company	, , , , , , , , , , , , , , , , , , ,
	of Organization and fee(s) ar	•	
	spondence concerning and me	atter to the following,	
CA	VRISTINA. L. L	DANZEL	
		Name of Person	
<i>S</i>	TANDAROBRED	STATION LLC Firm/Company	
	•	Firm/Company	
	52 RIVER PLA	NTATION RD. N Address	/
		Address	
	AINT AUGUS	TINE, FL 320	92
	C	TINE, FL 320 City/State and Zip Code	
sta	<u>Naurabredsti</u> E-mail address: (to be use	ation @ a mail. Co	tion)
For further informatio	n concerning this matter, plea	ase call:	
CHRISTIN Nar	IA L. DANIEL at (904 233-4 Area Code Daytime Tel	552 cphone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	⊠\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add:	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC	C.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
152 RIVER PLANTATION RDN.	SAME	
SAINT AUGUSTINE, FL 32092		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate	e an individual or
The name and the Florida street address of the registered ag	gent are:	ARE OCT
CHRISTINA L. Name	DANIEL	31 PH TO ASSEE.
152 RIVER PLA Florida street address (P.O. Box N	NTATION RD. N. NOT acceptable)	FLORE STATE
SAINT PUGUSTINE	FL 32092	見 兄 切
City	Zip	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	CHRISTINA L. DANIEL ISZRIVER PLANTATION RO N SAINT AUGUSTINE, FL 32092
	SAINT AUGUSTINE, FL 32002
	T C
	SECRETARY OF ALLAHASSEE. F
	<u> </u>
	- (A)
477	ORI
(Use attachment if necessary) CLE V: Effective date, if other than the date of filir	ORIZI ORIZI P mg: .(OPTIONAL)
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a se of filing.)	ng: (OPTIONAL) and caunot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a se of filing.)	ng: (OPTIONAL) and caunot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a e of filing.)	and caunot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a e of filing.) CLE VI: Other provisions, if any.	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific at e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	and caunot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a se of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a se of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the date of filir effective date is listed, the date must be specific a se of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the date of filireffective date is listed, the date must be specific atte of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as provided the section of the	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)