

L14 000186919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

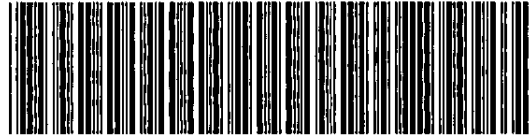
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100266155901

11/25/14--01003--008 \*\*150.00

FILED  
14 NOV 25 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 08 2014

*Law Office of Elizabeth Clarke*

P.O. Box 286

South Deerfield, MA 01373

ph 413-665-7400 fax 413-665-7419

*equinebiz@verizon.net*

November 18, 2014

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

RE: Topline Dressage, LLC

Via Certified Mail with Return Receipt

Dear Sir or Madam:

Please see the enclosed Articles of Conversion and letter of explanation, which were mailed on October 21, 2014, but which apparently never reached your office. If by some chance the original submission reaches your office before this one does, please disregard the second submission. Otherwise, I would very much appreciate it if you could please process this LLC conversion as early as practical. The pages have been reprinted so that there are original signatures on the enclosed submission, and a check for the requisite fees is also enclosed.

If you have any questions, or if you need any further information, please don't hesitate to contact me directly at 413-665-7400 or [equinebiz@verizon.net](mailto:equinebiz@verizon.net).

Thank you very much for your timely assistance with this matter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Elizabeth Clarke", written in dark ink.

Elizabeth Clarke

enclosures

*Law Office of Elizabeth Clarke*

P.O. Box 286  
South Deerfield, MA 01373  
ph 413-665-7400 fax 413-665-7419  
*equinebiz@verizon.net*

October 21, 2014

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

RE: Move of Topline Dressage, LLC back to Florida

Dear Sir or Madam:

Topline Dressage, LLC was formed as a Florida, LLC on August 12, 2002, and assigned document number L02000020539. In July 2005 the single member of Topline Dressage, LLC, Susan Blinks, moved to California. Topline Dressage, LLC was formed as a California LLC on November 8, 2004, and the Florida LLC was merged into the California LLC on July 19, 2005. This was acknowledged by Agnes Lunt in the Florida Division of Corporations in letter number 205A00047580.

Susan Blinks is moving back to Florida and once again wants to operate Topline Dressage, LLC as a Florida limited liability company. I spoke with a gentleman in the Corporations Division who told me that the way to reactivate Topline Dressage, LLC in Florida was to file Articles of Conversion converting the existing active California LLC into a Florida LLC of the same name. I write this all by way of explanation to make sure that when Topline Dressage, LLC shows up in your system, you know that the inactive LLC with document number L02000020539 was owned by the same person and is in effect the same business as the one in the attached Articles of Conversion and Articles of Organization. It is just moving back to Florida from California.

I hope that this is the correct way to achieve this move and the re-establishment of Topline Dressage, LLC in Florida. If you have any questions, or if you need any further information or documentation to accomplish the re-establishment of the Florida LLC, please contact me as in the letterhead above.

Thank you!

Sincerely yours,



Elizabeth N. Clarke

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Topline Dressage, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Elizabeth Clarke

(Contact Person)

Law Office of Elizabeth Clarke

(Firm/Company)

P.O. Box 286

(Address)

South Deerfield, MA 01373

(City, State and Zip Code)

equinebiz@verizon.net

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Elizabeth Clarke

at ( 413 )

665-7400

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ **\$150.00 Filing Fees**  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ **\$155.00 Filing Fees**  
and Certificate of  
Status

☐ **\$180.00 Filing Fees**  
and Certified Copy

☐ **\$185.00 Filing Fees,**  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Topline Dressage, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of California  
on November 8, 2004  
(date of organization, formation or incorporation)

(Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Topline Dressage, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

**FILED**  
14 NOV 25 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 21st day of October 2014.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Susan Blinks  
Printed Name: Susan M. Blinks Title: Member

**Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Susan Blinks  
Printed Name: Susan M. Blinks Title: Member

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
14 NOV 25 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Topline Dressage, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

3095 Florence St.  
Wellington, FL 33414

### Mailing Address:

3095 Florence St.  
Wellington, FL 33414

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Susan M. Blinks

Name

3095 Florence St.

Florida street address (P.O. Box **NOT** acceptable)

Wellington

City

FL 33414

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.*

*Susan Blinks*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 NOV 25 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Susan M. Blinks

3095 Florence St.

Wellington, FL 33414

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Elizabeth N. Clarke, Esq.

Typed or printed name of signee

**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)**

FILED  
14 NOV 25 PM 12:26  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA