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Effective Date 1/115

LA DEC 15 PM 2: 06
SECRETARY OF STATE
SECRETARY OF STATE

DEC 1 8 2014
T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Practical Horsemanship Name of Limited Liability Company
The en	aclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	David M. Estes Name of Person
	Firm/Company
	221 13th St NW Address
	Naples. FL 34120 City/State and Zip Code
<u>_d</u>	ecowpoke@aol.com E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
David	M. Estes at (239) 398-6884 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ \$125.6	On Filing Fee Securificate of Status Certified Copy (additional copy is enclosed) \$\sum_{\text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}} \square \square \square \square \square \square \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \rightarrow \square \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}

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

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Deartical Harassana	hin II.C	
Practical Horsemans (M	Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres	is:	
The mailing address and	d street address of the	principal office of the Limited Liability Company is:
Principal Office Addr	ess:	Mailing Address:
221 13th St. NW	····	ARIES, FC BAI20
Naples, Florida 3412	10	NAPIES, FC 34120
The series and the Flori		
	David M. Estes	e registered agent are: Name
		· · · · · · · · · · · · · · · · · · ·
	David M. Estes 221 13th St. NW	· · · · · · · · · · · · · · · · · · ·
	David M. Estes 221 13th St. NW Florida street address Naples	Name s (P.O. Box NOT acceptable) FL 34120
	David M. Estes 221 13th St. NW Florida street address	Name s (P.O. Box NOT acceptable) FL 34120

(CONTINUED)

Page 1 of 2

THE PH 2: 06

SECRETARY OF STATE
SECRETARY OF STATE

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Ricardo Garcia
	981 22nd Ave. NE
	Naples, FL 34120
MGR	DAYID ESTES 221 13th ST NW NAPIES FL 34120
	221 13th ST NW
	NAPIES FL 34120
•	
V: Effective date, if other than	the date of filing: <u>January 1, 2015</u> . (OPTIONAL)
Use attachment if necessary) V: Effective date, if other than attive date is listed, the date mustifling.) VI: Other provisions, if any.	the date of filing: <u>January 1, 2015</u> . (OPTIONAL) at be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than tive date is listed, the date mu filing.)	the date of filing: <u>January 1, 2015</u> . (OPTIONAL) at be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than tive date is listed, the date mu filing.)	the date of filing: January 1, 2015 (OPTIONAL) at be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE. Signature	of a member or an authorized representative of a member.
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE. Signature (In accordance with see	of a member or an authorized representative of a member.
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE. Signature (In accordance with seconstitutes an affirmat	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE. Signature (In accordance with se constitutes an affirmat 1 am aware that any fa	of a member or an authorized representative of a member.
V: Effective date, if other than tive date is listed, the date mu filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirm at a constitutes a third deg.)	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 14 DEC 15 PM 2: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA