## U5000143058

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FILEU SECRETARY OF STATE HVISION OF CORPORATION

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 760563 7161432
AUTHORIZATION: Trebelle Trans
COST LIMIT : \$/125.00
ORDER DATE : August 25, 2015
ORDER TIME : 9:01 AM
ORDER NO. : 760563-005
CUSTOMER NO: 7161432
DOMESTIC FILING
NAME: ALL ISLAND STABLES, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: ALLISLAND STABLES 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 Malling Address: 3700 South Ocean Blvd. 3700 South Ocean Blvd. Suite 510 Suite 510 Highland Beach, Florida 33487 Highland Beach, Florida 33487 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: Robert Fensterman Name 3700 South Ocean Blvd., Suite 510 Plorida street address (P.O. Box NOT acceptable) Highland Beach Florida

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 appainment as registered agent and agree to act in this capacity. I further spree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I om familiar with and accept the obligations of my position as registers ded for in Chapter 605, F.S.,

State

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City

QUIRED)

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"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Robert Fensterman 114 GR	3700 South Ocean Blvd.
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	Highland Beach, Plorida 33487
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ARTICLE IV-

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Typed or printed name of signes

Filing Fres:

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

Robert Feasterman

\$ 5.00 Certificate of Status (Optional)