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(Ad	dress)	
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(Cit	ry/State/Zip/Phone #	()
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COVER LETTER

	ivision of Corporations
SUBJECT	Lightning Horse Ranch, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Christopher McKeon
	Name of Person
	Lightning Horse Ranch, LLC
	Firm/Company
	182 Ibis Rd
	Address
	Longwood, Florida 32779
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Christopher McKeon 407 495-7610 at (
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Lightning Ho	orse Ranch, LLC				
(M	ust end with the words "Limite	d Liability Compar	ny, "L.L.C.," or "LLC.")	(~ ∵25
ARTICLE II - Address The mailing address and	: street address of the principal of	office of the Limite	ed Liability Company is:		NOV 16
]	Principal Office Address:		Mailing Address:	(1);	PM
182 Ibis Rd			00 W. Lake Mary Blvd	20	·F.
Longwood, F	L 32/19		ite 1010, #166 ke Mary, FL 32746		_ ~
	Christopher McKeon	n Name			
	a street address of the registere Christopher McKeon	_			
		Name			
	182 Ibis Rd				
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)		
	Longwood	FL	32779		
	City	State	Zip		
place designated in this ce further agree to comply with	rtificate, I hereby accept the app th the provisions of all statutes r of the obligations of my position	pointment as registe relating to the prop	he above stated limited liability of ered agent and agree to act in thi er and complete performance of it as provided for in Chapter 605	s capacit my duties	y. I
	Regis	tered Agent's Sign	ature (REQUIRED)		

Page 1 of 2

Citle: 'AMBR" = Authorize 'MGR" = Manager	ed Member	Name and Address:
		<u></u>
	_	32 3
		
		<u> </u>
ctive date is listed, tl	f other than the date of	filing: November 10, 2015 fic and cannot be more than five business days prior to or 90
EV: Effective date, in ctive date is listed, the filing.) he date inserted in the three date of EVI: Other provision	f other than the date of he date must be speci- nis block does not mee on the Department of	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
V: Effective date, it ctive date is listed, the filling.) the date inserted in the ent's effective date of the vision	f other than the date of the date must be speci- nis block does not mee on the Department of s, if any.	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
CV: Effective date, it ctive date is listed, the filing.) he date inserted in the lent's effective date of the course of the cou	f other than the date of he date must be specinis block does not meet on the Department of s, if any. Signature of a ment document is executed aware that any false in	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
EV: Effective date, it ctive date is listed, the filing.) the date inserted in the lent's effective date of EVI: Other provision REQUIRED SIGNA This is a signal are a signa	f other than the date of he date must be specinis block does not meet on the Department of s, if any. Signature of a member occument is executed aware that any false in itutes a third degree fee Christopher McKeo	et the applicable statutory filing requirements, this date will not State's records. ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. iformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.