1600035708

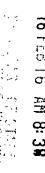
(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Only) States E.p. Hone ")
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600282218636

02/16/16--01020--018 **160.00



mo 2/22

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sport Horse, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles Bilter
Name of Person
Firm/Company
385 7th St. SW
Address
Naples, FL 34117 City/State and Zip Code ca. bilter @ comcast. net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles Bilter at 239 641-0220 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate Opy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed)
Mailing Address New Filing Section 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: The name of the Limited Liability Company is:		
Sport Horse, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	.1.5	16 FE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	-111	UC)
ARTICLE II - Address:		Q.
The mailing address and street address of the principal office of the Limited Liability Company is:	77	
Principal Office Address: Mailing Address:	F. 716 3-1	တ္ ယ
385 7th St. SW Same	ಇವ	30
385 7th St. SW Same Naples, FL 34117		

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 individua another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	lor	
Charles 15,17er		
Charles Bilter Name 385 7th St SW		
Florida street address (P.O. Box NOT acceptable)		
Naples, FL 34117		
City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability convolute designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this confurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Find the confusion of the co	capacity. duties, a	I
Registered Agent's Signature (REQUIRED)		
(CONTINUED)		

. . :

Page 1 of 2

				Name and	Address:				
"AMBR" = A		Member					211		
"MGR" = Ma	nager				Char 7th	les	Bilt	er	-
Ma	- R			385	7+h	3+	SW		
1.0~	• / /			Nac	oles,	FL	341	\7	
				,	,			. 1	. 5
	,,							·	
									ب ر
					.		······		<u>, </u>
								-	
						 <u> </u>	·		
	·····								
						.			
(Use attachme	nt if neces	sary)							
•		•	data of filing	Fe	b. 19	5.20	16 CORTI	IONAL)	
EV: Effective	e date, if ot	her than the		· 	b. \S			,	or 90 da
EV: Effective fective date is l	e date, if ot	her than the	oe specific an	nd cannot be n	nore than f	five busi	ness days p	prior to	
EV: Effective fective date is lof filing.)	e date, if of listed, the ted in this	her than the date must l	not meet the	applicable stat	nore than f	five busi	ness days p	prior to	
EV: Effective fective date is lof filing.)	e date, if of listed, the ted in this	her than the date must l	not meet the	applicable stat	nore than f	five busi	ness days p	prior to	
EV: Effective fective date is l	e date, if of listed, the sted in this we date on	her than the date must leblock does the Departr	not meet the	applicable stat	nore than f	five busi	ness days p	prior to	
EV: Effective fective date is lof filing.) If the date inser- iment's effective	e date, if of listed, the sted in this we date on	her than the date must leblock does the Departr	not meet the	applicable stat	nore than f	five busi	ness days p	prior to	
EV: Effective date is lof filing.) If the date inserment's effective	e date, if of listed, the sted in this we date on	her than the date must leblock does the Departr	not meet the	applicable stat	nore than f	five busi	ness days p	prior to	
EV: Effective date is lof filing.) The date inserment's effective	e date, if of listed, the ted in this we date on rovisions, i	her than the date must I block does the Departr f any.	not meet the	applicable stat	nore than f	five busi	ness days p	prior to	
EV: Effective fective date is lof filing.) I the date inser- ment's effective. EVI: Other pro-	e date, if of listed, the ted in this we date on rovisions, i	her than the date must I block does the Departr f any.	not meet the	applicable stat	nore than f	five busi	ness days p	prior to	
EV: Effective fective date is lof filing.) I the date inser- ment's effective. EVI: Other pro-	e date, if of listed, the ted in this we date on rovisions, i	her than the date must I block does the Departr fany.	not meet the ment of State	applicable states is records.	tutory filing	five busing require	ness days p	prior to o	
EV: Effective fective date is lof filing.) I the date inser- ment's effective. EVI: Other pro-	e date, if of listed, the ted in this we date on rovisions, i	her than the date must I block does the Departr fany. URE: gnature of cument is e	not meet the ment of State	applicable states is records.	tutory filing	five busing require	ments, this	prior to o	Il not be
EV: Effective fective date is lof filing.) I the date inser- ment's effective. EVI: Other pro-	e date, if of listed, the ted in this we date on rovisions, i	her than the date must I block does the Departr fany. URE: gnature of cument is eare that any	not meet the ment of State a member of xecuted in act false informs.	applicable states a records. r an authorized cordance with attion submitted.	tutory filing	ntative of 5.0203 (ment to t	ments, this	prior to o	Il not be
EV: Effective date is lof filing.) The date inserment's effective. EVI: Other pro-	e date, if of listed, the ted in this we date on rovisions, i	her than the date must I block does the Departr fany. URE: gnature of cument is eare that any	not meet the ment of State a member of xecuted in act false informating the state of the state	applicable state is records. The anauthorized cordance with ation submitted as provided for a submitted for a submitt	ed represe section 60 d in a docu r in s.817.1	ntative of 5.0203 (ment to the 155, F.S.	ments, this	prior to o	Il not be
EV: Effective date is lof filing.) The date inserment's effective. EVI: Other pro-	e date, if of listed, the ted in this we date on rovisions, i	her than the date must I block does the Departr fany. URE: gnature of cument is eare that any	not meet the ment of State a member of ecuted in act false informategree felony	applicable states a records. r an authorized cordance with attion submitted.	ed represe section 60 d in a docu r in s.817.	ntative of 5.0203 (ment to to 155, F.S.	ments, this	prior to o	Il not be

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)