

L16000040910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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~~W16-1153~~

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TALLAHASSEE, FLORIDA

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AND
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1/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mustang Moon Equine Solutions
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:

Michelle Jennifer Moore
Name of Person

Mustang Moon Equine Solutions
Firm/Company

16335 SW 19th street
Address

Oralq, Florida 34481
City/State and Zip Code

mustangmoon33@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle J. Moore at (352) 620-5311
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
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2016

MICHELLE JENNIFER MOORE
16335 SW 169TH STREET
OCALA, FL 34481

SUBJECT: MUSTANG MOON EQUINE SOLUTIONS
Ref. Number: W16000011152

We have received your document for MUSTANG MOON EQUINE SOLUTIONS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 216A00003115

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mustang Moon Equine Solutions 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:

16335 SW 19th ST
Ocala, Florida 34481

Mailing Address:

16335 SW 19th ST
Ocala, Florida 34481

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:

Michelle Jennifer Moore
Name

16335 SW 19th ST
Florida street address (P.O. Box NOT acceptable)

Ocala FL 34481
City State 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..

Michelle J. Moore
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 FEB 29 AM 8:08
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AND
FILED

