

4/4/2016

L16000065591

2016-04-13 14:37 CST

8227200 From: S-CTSB-BFI BFI Processing Fax

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000083520 3)))



H160000835203ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Horse Feather Holdings LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

45-10
45-10

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -4 PM 1:36 APR -4 PM 4:14

FILED RECEIVED

FAX AUDIT # H16000083520 3

**ARTICLES OF ORGANIZATION
OF
Horse Feather Holdings LLC**

ARTICLE I NAME

The name of the limited liability company is: Horse Feather Holdings LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
5129 Santa Cruz Lane, Jacksonville, Florida 32210.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Thomas B. Wilbers, 6271 Saint Augustine Rd Ste 24, Jacksonville, Florida 32217. Located in the County of Duval.

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.

Signature: 

Thomas B. Wilbers

Date: 4-4-16

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Thomas B. Wilbers, 6271 Saint Augustine Rd Ste 24 Box 111, Jacksonville, Florida 32217

FAX AUDIT # H16000083520 3

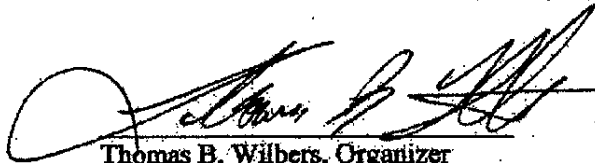
16 MAR -4 PM 1:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

611519

FAX AUDIT # H16000083520 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Thomas B. Wilbers, Organizer

Date:

4/4/16

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FILED
16 MAR -4 PM 1:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FAX AUDIT # H16000083520 3