

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| Office Use Only | | | |



09/09/16--01004--001 **125.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2016

MCKINSEY PAIGE GRUHLER 6820 HUNDRED ACRE DRIVE COCOA, FL 32927

SUBJECT: MCKINSEY'S EQUINE SERVICES LLC

Ref. Number: W16000050823

We have received your document for MCKINSEY'S EQUINE SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for MCKINSEY'S EQUINE SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please list the complete principal office address.

The document must contain the entity's complete mailing address.

Please return 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.

Matthew T Moon Regulatory Specialist II

Letter Number: 816A00015295

16 SEP -9 AM 3: 04

TALLAGUSSEE, LORIDA

COVER LETTER

| | Registration Section Division of Corporations | | |
|-------------|--|--|--|
| SUBJECT | r: Mckinsey's eq | mited Liability Company | |
| The enclose | sed Articles of Organization and fee(s) a | re submitted for filing. | |
| Please retu | urn all correspondence concerning this m | | 171 |
| | Mckinsey | Parge Grunler Name of Person Equine Services Firm/Company | AND AND CONTROL AND AND CONTROL AND CONTRO |
| | Mckinscyls | Firm/Company 0 | <i>∵</i> ∵ |
| | 1 | Firm/Company \bigcirc | υ.» Tir |
| | 6820 hundred & | Address | > |
| | Mckinsey Gruhle E-mail address: (to be used | City/State and Zip Code CY Dyanov. Com d for future annual report notification) | |
| For further | information concerning this matter, pleas | | |
| | McKin bey at (| Area Code Daytime Telephone Number | |
| Enclosed i | is a check for the following amount: | | |
| | Filing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 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 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 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Allelie De l'amire. | |
|---|--|
| The name of the Limited Liability Company is: | |

Mckinsey's equine Services LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C."

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1000 florida 31977 7 1000 da 32927

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:

Tonda Gruhler

Name

10820 hundred Acker Drive

Florida street address (P.O. Box NOT acceptable)

2010a

32927

City

State

7ii

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 SFP - 9 15 3.01

SECRETARY OF STATE

| AMBR/MGR | |
|---|--|
| 1 ' | Mckinsey Gruhler 10870 hundred Acredr. 10000 florider 32927 |
| | |
| | |
| the date of filing.) | and cannot be more than five business days prior to or 90 days after he applicable statutory filing requirements, this date will not be listed as |
| REQUIRED SIGNATURE: Signature of a member This document is executed in | y an authorized representative of a member. |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: