

L16000219426

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TALLAHASSEE, FLORIDA  
16 NOV 30 PM 6:22

M. MOON

NOV 30 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2016

MICHAEL J. ABBOTT  
14305 NW GAINSVILLE ROAD  
REDDICK, FL 32686

SUBJECT: LONG POND FARM LLC  
Ref. Number: W16000077242

CONSUMER & BUSINESS  
INFORMATION SERVICES

16 NOV 30 AM 11:22

We have received your document for LONG POND FARM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000037479.

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: 016A00024463

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Long Pond Horse Farm 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:

Michael J. Abbott

Name of Person

Firm/Company

14305 NW Gainesville Rd

Address

Reddick Florida 32686

City/State and Zip Code

mjabott@windstream.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Abbott

352

4254228

at ( )

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Long Pond Horse Farm 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:**

14305 NW Gainesville Rd  
Reddick FL 32686

**Mailing Address:**

14305 NW Gainesville Rd  
Reddick FL 32686

**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:

Michael J. Abbott

Name

14305 NW Gainesville Rd

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

Reddick

Florida

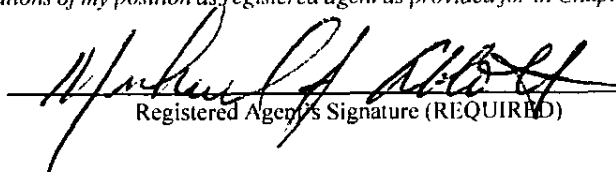
32686

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Michael J. Abbott

14305 NW Gainesville Rd

Reddick FL 32686

MGR

Brett M. Abbott

11285 SW 61st Circle

Ocala, FL 34476

AMBR

Jeanne L. Abbott

14305 NW Gainesville Rd

Reddick, FL 32686

AMBR

Mary J. Abbott

11285 SW 61st Circle

Ocala, FL 34476

(Use attachment if necessary)

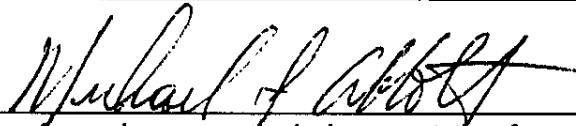
**ARTICLE V:** Effective date, if other than the date of filing: Date of Filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael J. Abbott

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SEC. OF STATE  
TALLAHASSEE  
FLORIDA  
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