

L16000219426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

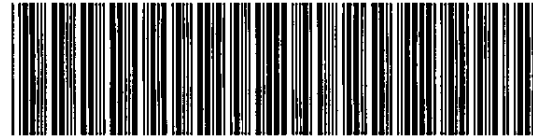
(Business Entity Name)

(Document Number)

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Office Use Only



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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 PROTECTION
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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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
mjabbott@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
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:

Mailing Address:

14305 NW Gainesville Rd
Reddick FL 32686

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.)

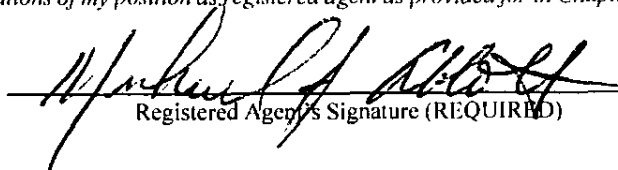
The name and the Florida street address of the registered agent are:

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)

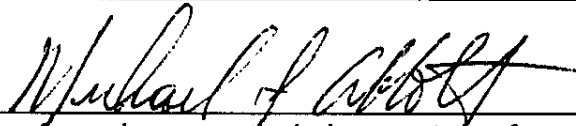
ARTICLE V: Effective date, if other than the date of filing: Date of Filing (OPTIONAL)

(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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