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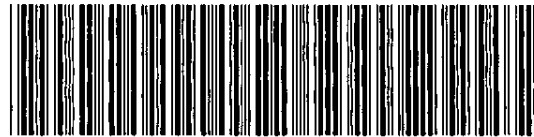
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DIVISION OF CORPORATIONS
17 FEB 27 AM 10:25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kaitlin's Equine Massage
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:

Kaitlin B Curington
Name of Person

Firm/Company

4431 NE Jacksonville Rd.
Address

Ocala FL 34479
City/State and Zip Code

Kbc1221@hotmail.com

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

For further information concerning this matter, please call:

Kaitlin at (850) 508 - 9128
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
OF
KAITLIN'S EQUINE MESSAGE, LLC**

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
17 FEB 27 AM 10:25

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is Kaitlin's Equine Massage, LLC.


**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is: 2117 LaRochelle Drive, Tallahassee, Florida 32308.

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are: Gerald B. Curington 2117 LaRochelle Drive, Tallahassee, Florida 32308

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.


Gerald B. Curington
Registered Agent

**ARTICLE 4.
Management**

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

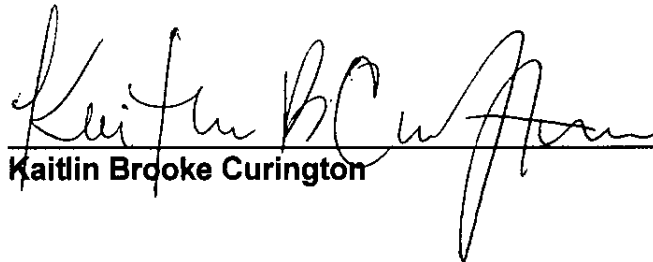
Liability Company:

Kaitlin Brooke Curington, AMBR

Kaitlin Brooke Curington
2117 LaRochele Drive
Tallahassee, FL 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
this 27 day of February, ~~2016~~ 2017

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.


Kaitlin Brooke Curington