

L17000094563

(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



700298684637

FILED

2017 MAY -3 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2017 MAY -3 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY -3 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 625279 8074770

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : May 2, 2017

ORDER TIME : 9:53 AM

ORDER NO. : 625279-005

CUSTOMER NO: 8074770

DOMESTIC FILING

NAME: PCF EQUESTRIAN HOLDINGS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2017 MAY -3 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PCF Equestrian Holdings 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. Smeriglio III, CPA

Name of Person

PCF Equestrian Holdings LLC

Firm/Company

9239 NW 115th Avenue

Address

Ocala, FL 34482

City/State and Zip Code

cderosaire@yahoo.com

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

For further information concerning this matter, please call:

Michael J. Smeriglio III, CPA      203      422-6453  
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

**FILED**  
2017 MAY -3 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

PCF Equestrian Holdings LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2017 MAY -3 PM 2: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

9239 NW 115th Avenue  
Ocala, FL 34482

Mailing Address:

9239 NW 115th Avenue  
Ocala, FL 34482

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. Smeriglio III, CPA  
Name

9239 NW 115th Avenue  
Florida street address (P.O. Box **NOT** acceptable)

<u>Ocala</u>	<u>FL</u>	<u>34482</u>
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..*

Michael J. Smeriglio III, CPA

By: 

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

AMBR

**Name and Address:**

Cynthia De Rosaire

15 Gordon Road

Carmel, NY 10512

AMBR

Damian De Rosaire

15 Gordon Road

Carmel, NY 10512

AMBR

Peter Connor

572 East Branch Road

Patterson, NY 12563

AMBR

Deborah McCarthy Connor

572 East Branch Road

Patterson, NY 12563

(Use attachment if necessary)

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

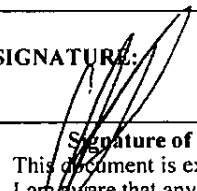
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. Smeriglio III, CPA

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)

**FILED**  
2017 MAY -3 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA