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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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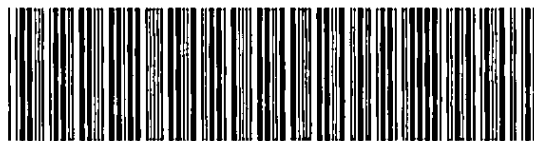
(Business Entity Name)

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TALLAHASSEE, FLORIDA

AUG 15 2017

K. Brumbley

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Stars and Stripes Equestrian Center, 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:

Robert D. Wilson

Name of Person

Wilson & Williams PA

Firm/Company

954 E Silver Springs Blvd

Address

Ocala FL 34470

City/State and Zip Code

amyslewis76@gmail.com

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

For further information concerning this matter, please call:

Amy S. Lewis

830 388-0145  
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  
OF  
STARS AND STRIPES EQUESTRIAN CENTER, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, hereby make, acknowledge and file these Articles of Organization.

ARTICLE I - NAME

The name of the Limited Liability Company shall be STARS AND STRIPES EQUESTRIAN CENTER, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address shall be: 16925 SE 25<sup>TH</sup> Avenue  
Summerfield, Florida 34491

The principal office address shall be: 16925 SE 25<sup>TH</sup> Avenue  
Summerfield, Florida 34491

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ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless earlier dissolved as provided in the Operating Agreement.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the Company in the State of Florida is, whose address is AMY S. LEWIS, 16925 SE 25<sup>TH</sup> Avenue, Summerfield, Florida 34491.

ARTICLE V - CAPITAL CONTRIBUTIONS

The members of the Company shall contribute to the capital of the Company the cash or property as more fully set forth in the Operating Agreement.

## ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company as set forth in the Operating Agreement.

## ARTICLE VII - MANAGEMENT

Company shall be managed by its initial manager, in accordance with the terms and conditions of the Operating Agreement. The Operating Agreement may contain other provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the organizer of the Company is: AMY S. LEWIS, 16925 SE 25<sup>TH</sup> Avenue, Summerfield, Florida 34491.

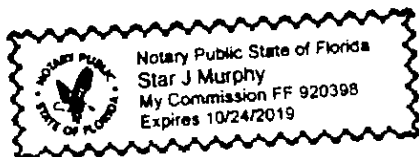
IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Marion County, Florida on this 21<sup>st</sup> day of August, 2017.

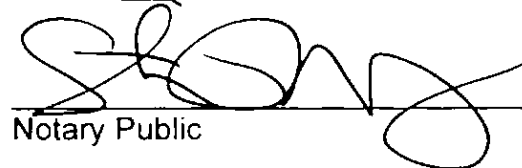
  
AMY S. LEWIS

[In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.]

STATE OF FLORIDA  
COUNTY OF MARION

The foregoing was acknowledged this 21<sup>st</sup> day of August, 2017 by AMY S. LEWIS, who is (a)        personally known to me or (b) X produced a driver license as identification.

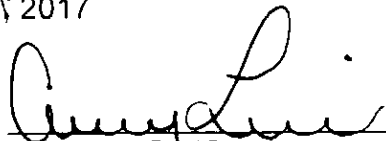


  
Notary Public

CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

AMY S. LEWIS, being the person named in the Articles of Organization of STARS AND STRIPES EQUESTRIAN CENTER, LLC, as the Registered Agent of this Limited Liability Company, hereby consents to acceptance of service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with, and accepts the obligations of the position of Registered Agent as provided for in Chapter 605, F.S..

Dated this 9<sup>th</sup> day of August 2017

  
\_\_\_\_\_  
AMY S. LEWIS