

L18000133789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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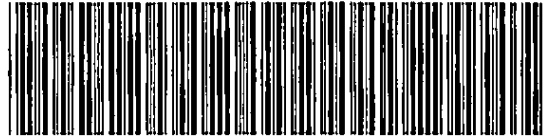
Certificates of Status ☒

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05/29/18--01037--026 **5.00

04/27/18--01016--025 **52.50

05/15/18--01023--008 **97.50

FILED IN SECT. 1011A

18 MAY 29 PM 3:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2018

JODI OLSHINA
10205 LYONS AVE
LITHIA, FL 33547

SUBJECT: COTTONWOOD EQUESTRIAN CENTER
Ref. Number: W18000040949

We have received your document for COTTONWOOD EQUESTRIAN CENTER and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 918A00011166

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DIVISION OF CORPORATIONS, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cottonwood Equestrian Center, LLC

(Must contain 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:

10205 LYONS AVENUE
LITHIA, FL 33547

Mailing Address:

10205 LYONS AVENUE
LITHIA, FL 33547

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:

JODI OLSHINA

Name

10205 LYONS AVENUE

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

LITHIA

City

FL

State

33547

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)

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FALL AGENCY, FLORIDA

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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

MGR

Name and Address:

Jodi OUSHINA, AMBR
10205 LYONS AVENUE
LITHIA, FL 33547

Jodi OUSHINA, MGR
10205 LYONS AVENUE
LITHIA, FL 33547

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-23-18 (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.

N/A

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.

Jodi A. OUSHINA

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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TALLAHASSEE, FLORIDA

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