

L19000002022

(Requestor's Name)

(Address)

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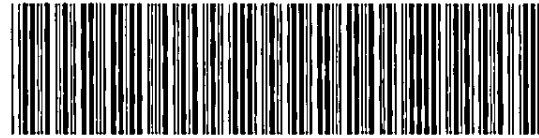
(Business Entity Name)

(Document Number)

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PICK UP: 1/3 LAUREN

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** LLC _____

1. LAUREN BALCOMB EQUESTRIAN, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

KLEIN & KLEIN, LLC

Attorneys at Law

40 Southeast 11th Avenue

Ocala, Florida 34471

PHONE (352) 732-7750

FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR.

LAWRENCE C. CALLAWAY, III

AUSTIN T. DAILEY

January 3, 2019

**TO: Registration Section
Division of Corporation**

RE: LAUREN BALCOMB EQUESTRIAN, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC

(leeannwickett@ymail.com

For further information concerning this matter, please call

Joyce Henry at (342) 732-7750

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I - Name:

The name of the Limited Liability Company is:

LAUREN BALCOMB EQUESTRIAN, LLC

ARTICLE II - Address:

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

Principal Office Address:

1941 NE 161st Street
Citra, FL 32113

Mailing Address:

1941 NE 161st Street
Citra, FL 32113

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

LEEANN WICKETT
1941 NE 161st Street
Citra, FL 32113

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, Florida Statutes.


LEEANN WICKETT

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR"

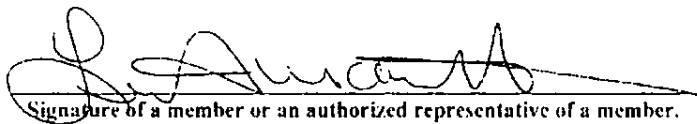
LEEANN WICKETT
1941 NE 161st Street
Citra, FL 32113

"MGR"

LAUREN BALCOMB
1860 Lynton Circle
Wellington, FL 33414

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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 in s.817.155, F.S.

LEEANN WICKETT

Typed or printed name of signee