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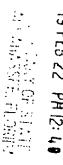
| (Requestor's Name) |
|---|
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corpora | tions | | |
|--|--|--|---|
| SUBJECT: Better | Balance Equiponial Name of Limited Lia | ا و bility Company | |
| The enclosed Articles of Organ | nization and fee(s) are submitt | ed for filing. | |
| Please return all corresponden | ce concerning this matter to th | e following: | |
| Heath | ner Pierce Ma | atio | |
| | | of Person | |
| | | | |
| | Firm/ | Company | |
| 4985 | Old Blue Ridge | Rd | |
| <u>Edgen</u> Corrie | nater Flonida City/State | 32141 and Zip Code | · <u>·····</u> |
| E-mail | address: (to be used for futur | e annual report notificat | ion) |
| For further information concerni | ing this matter, please call: | | |
| Heather M. Name of P | ************************************** |) | |
| Enclosed is a check for the following | owing amount: | | |
| | rtificate of Status — Cert | 5.00 Filing Fee & [ified Copy onal copy is enclosed) | \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Add | iress | Street Address | |

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | | |
|---|--------|-------------------------------|--|
| Better Balance | Equine | LLC | |
| | | Company, "L.L.C.," or "LLC.") | |

ARTICLE II - Address:

ARTICLE I - Name:

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

| Principal Office Address: | Mailing Address: |
|--|--|
| 4985 Old Blue Ridge Rd Edgewater FL 32141 | 4985 Old Blue Ridge Rd Edgewater FL 32141 |
| | |

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:

| Heather Pi | | <u> </u> |
|------------------------|--|------------|
| | Name | |
| Florida street address | Le Ridge Ro (P.O. Bóx <u>NOT</u> a | cceptable) |
| <u>Edgenater</u> | Florida | 32141 |
| 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..

Heather Viere Martin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FEB 22 PM I2: 4

| HANADDH A J. C. LAA L | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR | Heather Pierce Martin |
| | 4985 Old Blue Ridge Rd |
| | Edgewater FL 32141 |
| AMBR | C-01 # 81 |
| _nnon | Carol Jo Pierce 4985 Old Blue Ridge Rd |
| | Edge water FL 32141 |
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| | |
| (Use attachment if necessary) | |
| • | westim March 1 2019 (OPEIONAL) |
| LE V: Effective date, if other than the date | e of filing: March 1, 2019 . (OPTIONAL) |
| LE V: Effective date, if other than the date fective date is listed, the date must be sp | e of filing: March 1, 2019 . (OPTIONAL) secific and cannot be more than five business days prior to or 90 days |
| LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not a | pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be |
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| LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not imment's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: | meet the applicable statutory filing requirements, this date will not be of State's records. Martin ember or an authorized representative of a member. |
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| LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not imment's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular an aware that any false | meet the applicable statutory filing requirements, this date will not be of State's records. Martin ember or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State |
| LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not imment's effective date on the Department LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is execular aware that any false constitutes a third degree. | meet the applicable statutory filing requirements, this date will not be of State's records. Martin ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State or felony as provided for in s.817.155, F.S. |
| LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not imment's effective date on the Department LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is execular aware that any false constitutes a third degree. | meet the applicable statutory filing requirements, this date will not be of State's records. Martin ember or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State |

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)