L19000127745

(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

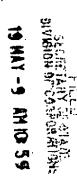
J DE'''S

MAY 2 0 2019



200328976602

05/09/19--01019--002 **130.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Elite Equestrian Expositions, LLC Subject: 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:
Melanie Jean Hughes Name of Person
Firm/Company
215 Kent MII Pond Rd
Alford, Fl 32420 City/State and Zip Code Wilsoneacyahoo, com
E-mail address: (the be used for future annual report notification)
For further information concerning this matter, please call:
Muane Jean Hughes, 740 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee Status S155.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability	y Company is:

The adultition of the property of the property

ARTICLE II - Address:

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

Principal Office Address:

215 Kent Mill Pond Alford, FL 32420

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:

Melanie Jean Hughes

215 Kent Mill Pond Rel

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

Alford FL 324

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..

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Philip Lee Hughes 215 Kent Mill Power Rd Alford, FL 32420
If an effective date is listed, the date must be specific the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of St	ling: (OPTIONAL) and cannot be more than five business days prior to or 90 days af the applicable statutory filing requirements, this date will not be liste ate's records.
This document is executed in I am aware that any false info constitutes a third degree felo	or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)