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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 : {718}889-7420 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:			

FLORIDA LIMITED LIABILITY CO. N2 SADDLERY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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2/25/2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

N2 SADDLERY, LLC

(Must end with 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:

Mailing Address:

2781 VISTA PARKWAY STE K-3 WEST PALM BEACH, FL 33411

2781 VISTA PARKWAY STE K-3 WEST PALM BEACH, FL 33411

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:

SUE NEWELL

Name

439 45TH STREET

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

WEST PALM BEACH

cont's Sigunture (REQUIRED)

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)

Page 1 of 2

AMBR SUE NEWELL 439 45TH STREET WEST PALM BEACH, FL 33407 IOHN DALE BOULWARE 3-6 VISTA PARKWAY STE K-3 WEST PALM BEACH, FL 33411 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.	'AMBR" = Authorized Member 'MGR" = Manager AMBR AMBR SUE NEWELI 439 45TH STR WEST PALM AMBR JOHN DALE I 3.75 VISTA WEST PALM (Use attachment if necessary) E V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more of filing.) the date inserted in this block does not meet the applicable statutement's effective date on the Department of State's records.	STREET LM BEACH, FL 33407 LE BOULWARE ETA PARKWAY STE K-3 LM BEACH, FL 33411 (OPTIONAL more than five business days prior t
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