

# L20000074717

\_\_\_\_\_  
(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



200341916172

03/12/20--01001--013 \*\*125.00

FILED  
2020 MAR 11 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0000  
2020 MAR 11 10 44 AM

N CULLIG

MAR 12 2020

**CORPORATE  
ACCESS,  
ING.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 03/11/2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. **CHARISMA 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 11<sup>th</sup> 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

**March 11, 2020**

**TO: Registration Section  
Division of Corporation**

**RE: CHARISMA EQUESTRIAN, LLC**

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

**The following is the email address for the LLC:**

**diamondedgefarm@aol.com**

**For further information concerning this matter, please call**

**Joyce Henry at (352) 732-7750**

FILED

2020 MAR 11 PM 12:04

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

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CHARISMA EQUESTRIAN, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

5648 NW 25th Loop  
Ocala, FL 34482

**Mailing Address:**

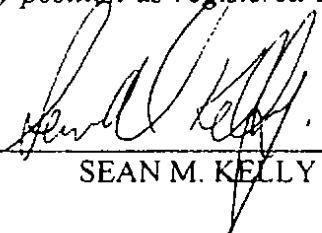
5648 NW 25th Loop  
Ocala, FL 34482

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

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

SEAN M. KELLY  
5648 NW 25th Loop  
Ocala, FL 34482

*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.*

  
SEAN M. KELLY

**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:**

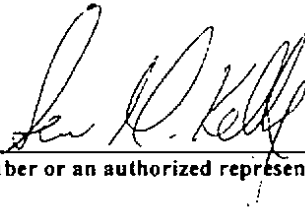
"MGR"

SEAN M. KELLY  
5648 NW 25th Loop  
Ocala, FL 34482

"MGR"

BARBARA A. KELLY  
5648 NW 25th Loop  
Ocala, FL 34482

**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.

SEAN M. KELLY  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 MAR 11 PM 12:04

FILED