

# L20000198329

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

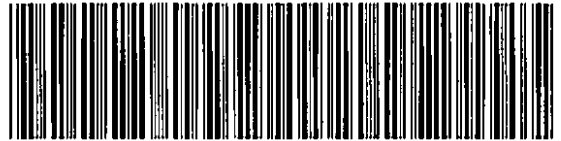
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/17/20--01004--015 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 15 PM 12:54

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N. COLLIER

JUL 20 2020

**CORPORATE  
ACCESS,  
INC.**

*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:** 07/15/2020

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

1. Della 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:**

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\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FL

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**DELLA EQUESTRIAN, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2258 PR 2010  
Centerville, TX 75833

**Mailing Address:**

2258 PR 2010  
Centerville, TX 75833

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

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

**AUSTIN T. DAILEY  
40 SE 11th Avenue  
Ocala, FL 34471**

*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.*



**AUSTIN T. DAILEY**

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

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

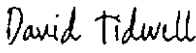
**Title:**

**Name and Address:**

"MGR"

**DAVID TIDWELL**  
2258 PR 2010  
Centerville, TX 75833

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
059C80843E7B440  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

SECRETARY OF STATE  
TALLAHASSEE, FL

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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.

**DAVID TIDWELL**

Typed or printed name of signee