

**L22000223324**

Florida Department of State  
Division of Corporations  
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CORPORATIONS  
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**FLORIDA LIMITED LIABILITY CO.  
THREE HORSESHOE FARM, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR**  
**THREE HORSESHOE FARM, LLC.**

**ARTICLE I**

**NAME**

The name of this Florida Limited Liability Company (the Company) is:

**THREE HORSESHOE FARM, LLC.**

**ARTICLE II**

**ADDRESS**

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

**THREE HORSESHOE FARM, LLC.**

**910 W. 33 Place**

**Hialeah, FL 33012**

**ARTICLE III**

**MANAGEMENT**

The Limited Liability Company is to be managed by the member(s) who are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Company.

The managing member(s) who are designated by the member(s) to act or perform as the ~~managing member~~ shall carry out and further the decisions and actions of the managing member(s) made under the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, security agreements, and any other type or form of document by which property or property rights of the Company are transferred or encumbered or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

In accordance with F.S. 605.0203 (1)(b), the execution of this document constitutes an affirmation under penalties of perjury, that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
MGRM: Jose Gonzalez

**ARTICLE IV**

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

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DEPARTMENT OF STATE

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MGRM: Jose Gonzalez

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Under the provisions of F.S. 605.0203 (1)(b), the Company submits the following statement to designate a registered office and registered agent in the state of Florida.

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

**Jose Gonzalez  
910 W. 33 Place  
Hialeah, FL 33012**

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.

  
MGRM: Jose Gonzalez

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