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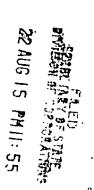
(Requestor's Name))		
(Address)			
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(City/State/Zip/Phon	ne #)		
PICK-UP WAIT	MAIL		
(Business Entity Na	me)		
(Document Number)			
Certified Copies Certificate	s of Status		
Special Instructions to Filing Officer:			

Office Use Only



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S. CHATHAM





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 882999 7422869

AUTHORIZATION /:

COST LIMIT : \$\frac{1}{3}0.00

ORDER DATE : August 15, 2022

ORDER TIME : 10:25 AM

ORDER NO. : 882999-010

CUSTOMER NO: 7422869

DOMESTIC FILING

NAME: AMEQ SPORTHORSES LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	ew Filing Sectivision of Con			2 AU
		•		AUG 15
SUBJECT	: <u>AmEq S</u>	Sporthorses LLC		
		Name of Lin	nited Liability Company	Ž
				PM 11: 55
The enclos	ed Articles of	Organization and fee(s) are	e submitted for filing.	Š
Please retu	rn all correspo	ondence concerning this ma	tter to the following:	
	Athen	a Ware		
			Name of Person	
	Firs	t American Exchange Com	pany, LLC	
			Firm/Company	
	333	W SANTA CLARA ST. SI	JITE 622	
			Address	
		SAN JOSE, O	CA 95113	
	-	C	ity/State and Zip Code	
_		Rharter22@gmail.com		
	Í	E-mail address: (to be used	for future annual report notificat	ion)
For further i	nformation co	ncerning this matter, please	call:	
		larter at (at		
	Nam	e of Person Ai	rea Code Daytime Telephon	e Number
Englosed is	e a chaol: for t	he following amount:		
		_		
□\$125.00	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy	□\$160.00 Filing Fee. Certificate of Status &
			(additional copy is enclosed)	Certified Copy
				(additional copy is enclosed)
	Mailin	g Address	Street Address	
		iling Section	New Filing Section D	
		on of Corporations	The Centre of Tallaha	
	P.O. B	ox 6327	2415 N. Monroe Stre	ci, autic 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	orthorses LLC			== .
(Must con	ntain the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal (office of the Lin	ited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	A
947 Wilder Path The Villages F			947 Wilder Path The Villages FL 32163	AUG
ARTICLE III - Registered As (The Limited Liability Compar another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration	n Registered Ago on.) d agent are:	Agent's Signature: ent. You must designate an individ	22 AUG 15 PH 11: 55
	Kooyii iii	Name		
	947 Wilder P	ath		
	Florida street addre		T acceptable)	
	The Villa	ages FL 32163		
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the app provisions of all statutes i	pointment as regi relating to the pro	r the above stated limited liability c stered agent and agree to act in thi oper and complete performance of i ent as provided for in Chapter 605,	s capacity. I my duties, and I
		s/ Robyn Harter	gnature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
-			
MGR	Rohyn Harter	-	
	947 Wilder Path The Villages FL 32163	=	
	The stringes of the service	•	
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(Use attachment if necessary)			
•			
ARTICLE V: Effective date, if other than the date of	filing: (OPTIONAL)		
If an effective date is listed, the date must be specif	fic and cannot be more than five business days prior to or 90	days:	after
he date of filing.)			
	t the applicable statutory filing requirements, this date will not	be lis	ted as
he document's effective date on the Department of	State's records.		
DEICLE VI. Other provisions (fam.)			
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
At	hena Ware		
Signature of a memb	per 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		
constitutes a third degree fe	lony as provided for in s.817.155, F.S.	٠,	
		200	-31
Au	ena Ware Typed or printed name of signee	<u>~</u>	700
	Special printed name of signer		103

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

