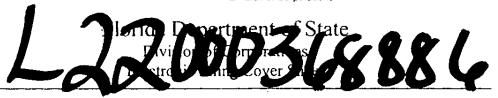
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000285568 3)))



H220002855683ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: jhallberg73@gmail.com

FLORIDA LIMITED LIABILITY CO.

MASAYA Equestrian LLC

PN 4:45	W.T.B.J.A.L.
463 23	

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MASAYA Equestrian 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:

7354 Carmona Terrace. Apt 204 7354 Carmona Terrace. Apt 204 Boca Raton, FL 33433 Boca Raton, FL 33433

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:

Levi Vogel Name 9507 NW 38th Street Florida street address (P.O. Box NOT acceptable) Coral Springs FL 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..

> /S/ Levi Vogel Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

(((H22000285568 3)))

Title:	uthorized Member	Name and Address:
"MGR" = Mar		
AMBR		Jonas Hallberg
		7354 Carmona Terrace. Apt 204
		Boca Raton, FL 33433
AMBR		Christine Cifra
	- 	7354 Carmona Terrace. Apt 204
		Boca Raton, FL 33433
	··· ·· ·	
		
EV: Effective	nt if necessary) date, if other than the date isted, the date must be see	of filing:
EV: Effective ective date is lind of filing.) The date insertement's effective.	edate, if other than the date isted, the date must be speed in this block does not me date on the Department of ovisions, if any.	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be lis
E V: Effective ective date is list of filing.) the date insert nent's effective E VI: Other pro-	edate, if other than the date isted, the date must be spe ed in this block does not me date on the Department of	neet the applicable statutory filing requirements, this date will not be list of State's records.
E V: Effective ective date is list of filing.) the date insert nent's effective E VI: Other pro-	edate, if other than the date isted, the date must be speed in this block does not me date on the Department of ovisions, if any.	neet the applicable statutory filing requirements, this date will not be list of State's records.
E V: Effective ective date is list of filing.) the date insert nent's effective E VI: Other pro-	e date, if other than the date isted, the date must be speed in this block does not me date on the Department of ovisions, if any. SIGNATURE: /S/ Jonas Hallberg	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list of State's records.
E V: Effective ective date is li of filing.) the date insert ment's effective E VI: Other pro-	edate, if other than the date isted, the date must be speed in this block does not me date on the Department of ovisions, if any. SIGNATURE: /S/ Jonas Hallberg Signature of a me This document is execut 1 am aware that any false	neet the applicable statutory filing requirements, this date will not be list of State's records.

Page 2 of 2

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)