# 123000050099

(ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Na	me)
(00		,
	ocument Number	
(50	Current Northber	J
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	<del> </del>	

Office Use Only

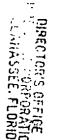


400400517384

2023 FEB - I PH 4: 48
SECRETARY OF STATE
TALLAHASSEE, FL

TILED

02/02/23--01001--006 \*\*125.00



RECEIVED

## CORPORATE ACCESS, \_

## When you need ACCESS to the world

,	1	<
Ţ		

INC.

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**

	PI	CK UP:	02/01/2023	<del>-</del>	
	CERTIFIED COPY		-		
xx	РНОТОСОРУ				
	CUS				
xx	FILING	LLC			
V	/C Equestrian LLC				
((	CORPORATE NAME AND DO	CUMENT #)	·	_	<u>-</u> .
((	CORPORATE NAME AND DO	CUMENT #)			
(0	CORPORATE NAME AND DO	CUMENT #)			
-(0	CORPORATE NAME AND DO	CUMENT #)			
10	ORPORATE NAME AND DO	CUMENT #)			
(C	ORPORATE NAME AND DO	CUMENT #)			
CIAL FRUCT	TIONS:		<u>.</u>		
	-				

### **COVER LETTER**

	ew Filing Section ivision of Corporations		
SUBJECT	VC EQUESTRIAN LLC		
SUBJECT	Name of Limited Liability Company		
The enclos	ed Articles of Organization and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this matter to the following:		
	KRISTA RAE FRIESEN		
	Name of Person		
	2617 Appaloosa Trail		
	Firm/Company		
	Address		
	Wellington, FL 33414		
	City/State and Zip Code		
	KRYSTA@KRYSDEVELOPMENTGROUP.COM		
F 611	E-mail address: (to be used for future annual report notification)		
ror turtner ii	nformation concerning this matter, please call:		
	250 253-6147  KRISTA RAE FRIESEN at ( )		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	VC EQUESTRIAN LLC	
	(Must contain the words "Limited Liability Con	pany, "L.L.C.," or "LLC.")
RTICLE II - Ac e mailing addre	Idress: ss and street address of the principal office of the L	mited Liability Company is:
	Principal Office Address:	Mailing Address:
2617	APPALOOSA TRAIL	2617 APPALOOSA TRAIL
WEL  CTICLE III - R  ne Limited Liab  other business e	egistered Agent, Registered Office. & Registered lity Company cannot serve as its own Registered Antity with an active Florida registration.)  Florida street address of the registered agent are:	gent. You must designate an individual or
RTICLE III - R the Limited Liab other business e	egistered Agent, Registered Office. & Registere lility Company cannot serve as its own Registered Antity with an active Florida registration.)	Agent's Signature: gent. You must designate an individual or  TALLER AHAS
RTICLE III - R the Limited Liab other business e	egistered Agent, Registered Office. & Registere ility Company cannot serve as its own Registered A ntity with an active Florida registration.) Florida street address of the registered agent are: KRISTA RAE FR	AIL  Agent's Signature:  gent. You must designate an individual or  ALL AHARY OF
RTICLE III - R the Limited Liab other business e	egistered Agent, Registered Office. & Registered litty Company cannot serve as its own Registered Antity with an active Florida registration.)  Florida street address of the registered agent are:  KRISTA RAE FR	AIL  Agent's Signature:  gent. You must designate an individual or  ALCRITARY OF COMMENTARY OF COMME
RTICLE III - R the Limited Liab other business e	egistered Agent, Registered Office. & Registered lity Company cannot serve as its own Registered A ntity with an active Florida registration.)  Florida street address of the registered agent are:  KRISTA RAE FR  Name  2617 APPALOOSA TE	AIL  Agent's Signature:  gent. You must designate an individual or  ALCRITARY OF COMMENTARY OF COMME

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	15 H A . A		Name and Address:	
	R" = Authorized " = Manager MGR	Member	KRISTA RAE FRIESEN	
	WOIX	i e	2617 APPALOOSA TRAIL	
			WELLINGTON, FL 33414	<del></del>
				<u> </u>
			<u> </u>	_2
			TAC	<b> </b>  23
				<u> </u>
(Use at	tachment if nece	ssary)		3 M
ARTICLEVE	Official date if a	ther than the date of filing:	2-1-2023 (OPTIONAL)	
(If an effective d	late is listed, the	date must be specific and	cannot be more than five business days prior to or	9 <b>7</b> days after
the date of filing	;.)		m ·	ω .
			opticable statutory filing requirements, this date will	not be listed as
the document s	effective date on	the Department of State's	records.	
ARTICLE VI: 0	Other provisions, i	if any.		
	·	<del></del>	· · · · · · · · · · · · · · · · · · ·	
				<del></del>
REOU	<u>IRED</u> SIGNAT	URE:		
		/S/ KRI	ISTA RAE FRIESEN	
	This do I am aw	cument is executed in accorate that any false informati	an authorized representative of a member. Ordance with section 605.0203 (1) (b). Florida Statution submitted in a document to the Department of States provided for in s.817.155, F.S.	es. ate
			A RAE FRIESEN	
	_		or printed name of signee	

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)