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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

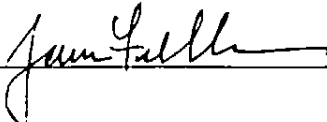
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TALLAHASSEE, FL 32301

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: 125.00

Authorization Signature: 
STONELEIGH SPORT HORSES, LLC.

BUSINESS (Name)

Document #

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☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ LLC

☐ **CORP**

AMMENDMENTS

☐ Amendment

☐ Resignation of Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Statement of Authority

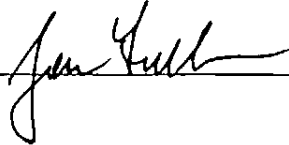
EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL
CLERK OF STATE

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___ Reinstatement
___ Trademark
___ Statement of Authority

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STONELEIGH SPORT HORSES, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SETH E. ELLIS, ESQ.

Name of Person

Firm/Company

4755 TECHNOLOGY WAY, SUITE 205

Address

BOCA RATON, FLORIDA 33431

City/State and Zip Code

SELLIS@WIGGIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SETH E. ELLIS

561

910-7500

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STONELEIGH SPORT HORSES, LLC

(Must contain 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:

2345 APPALOOSA TRAIL
WELLINGTON, FLORIDA 33414

Mailing Address:

2345 APPALOOSA TRAIL
WELLINGTON, FLORIDA 33414

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:

SETH E. ELLIS, ESQ.

Name

4755 TECHNOLOGY WAY, SUITE 205

Florida street address (P.O. Box **NOT** acceptable)

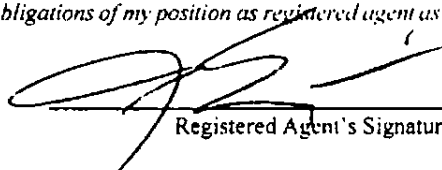
BOCA RATON FLORIDA 33431

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

WALTER J. LUNSMANN
2345 APPALOOSA TRAIL
WELLINGTON, FLORIDA 33414

MGR

PATRICIA N. HURTER
2345 APPALOOSA TRAIL
WELLINGTON, FLORIDA 33414

(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 specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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 for in s.817.155, F.S.

SETH E. ELLIS, ESQ.

Typed or printed name of signee

2024 MAY 10 AM 9:47
STATE
TALLAHASSEE, FL

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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)