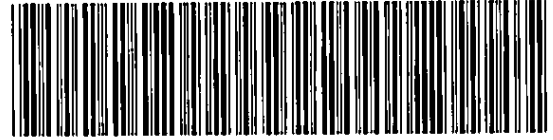


224000273497



200431177022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only

FILED

2024 JUN 13 PM 2:47

RECEIVED

2024 JUN 18 PM 1:47

ALLAHASSEE, LA  
STATE



**CT CORP**  
**(850) 656- 4724**  
**3458 Lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 06/18/2024

Acc#120160000072

*eric DW*

|             |                            |
|-------------|----------------------------|
| Name:       | Far Niente Stables XXX LLC |
| Document #: |                            |
| Order #:    | 15670552                   |

|                                   |                          |                         |
|-----------------------------------|--------------------------|-------------------------|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |
| Plain Copy:                       | <input type="checkbox"/> |                         |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |
| Certified Copy of                 | <input type="checkbox"/> |                         |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |
|                                   |                          | Number of Certs:        |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

Email Address for Annual Report Notifications:

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **155.00**

Thank you!

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Far Niente Stables XXX, 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:

Irma Qureshi  
Name of Person  
Greenberg Traurig, LLP  
Firm/Company  
777 S. Flagler Drive, Suite 300 East  
Address  
West Palm Beach, Florida 33401  
City/State and Zip Code  
grantkoehlerl@gtlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Grant-Koehler at (602) 445-8342  
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 Fee, 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

RECEIVED JUN 19 11 24 AM '07  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Far Niente Stables XXX, 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:

Mailing Address:

13421 South Shore Blvd. Ste. 203  
Wellington, Florida 33414-7210

13421 South Shore Blvd. Ste. 203  
Wellington, Florida 33414-7210

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:

C T Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)

Plantation                      Florida                      33324  
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.*

C T Corporation System

By: /s/ David Westcott, Assistant Secretary

Registered Agent's Signature (REQUIRED)

RECEIVED  
FEB 13 2017

(CONTINUED)

**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:**

AMBR

Wellington Lifestyle Partners, LLC  
13421 South Shore Blvd, Ste. 203  
Wellington, Florida 33414-7210

MGR

Mark J. Bellissimo  
13421 South Shore Blvd, Ste. 203  
Wellington, Florida 33414-7210

MGR

Douglas McMahon  
13421 South Shore Blvd, Ste. 203  
Wellington, Florida 33414-7210

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:**

Mark Bellissimo

**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.

Mark J. Bellissimo

Typed or printed name of signer

**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)

FILED