

M130000067113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 12 2013

T. HAMPTON

6300-31A

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michael Barisone Dressage Stables, L.L.C.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Barisone

Name of Person

Michael Barisone Dressage Stables, L.L.C.

Firm/Company

411 W. Mill Rd.

Address

Long Valley, NJ 07853

City/State and Zip Code

mlbarisone@hotmail.com

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

For further information concerning this matter, please call:

Michael Barisone at 908 229-1182

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

10/28/07

To: Whom it may concern

From: Michael Barisone, Michael Barisone Dressage  
Stables, L.L.C.

Re: L.L.C. registration

Dear Florida Dept. of State / Div. of Corporations

Enclosed is my application for L.L.C. registration in Florida. I will begin conducting business after registration is complete. I have enclosed:

- 1) All required forms, filled out and signed.
- 2) Check for \$160<sup>10</sup> as instructed
- 3) Original Certificate of formation AND /  
certified certificate of formation from the State of New Jersey. Please note that the certified Certificate is exactly the one that New Jersey provided me. They offer no other option. They instructed me that this certificate can be verified online at the address noted on the bottom of the certified certificate.

Thank you in advance for your attention to this matter. If there is any way to expedite this matter I would appreciate it. Please send acknowledgement to:

Michael Barisone Dressage Stables, LLC.  
411 W. Mill Rd.  
Long Valley, NJ 07853

If possible a fax acknowledgement would be great  
(908) 832-1401 Fax #

Any questions or problems please call me  
at (908) 229-1182 ,

Thank you.



To: Florida Dept. of State /  
Division of Corporations

11/6/013

From: Michael Barisone Dressage Stables, LLC.

Re: LLC registration

To Whom it may concern,

Enclosed you will find the requested "Certificate of Good Standing" along with the previous provided "Certified certificate of existence" and original "Certificated of formation" for Michael Barisone Dressage Stables, LLC. I trust this will satisfy ALL of your requirements for my request to register my LLC in Florida. Please provide the confirmation and requested documents as soon as possible:

Phone: (908) 229-1182

e-mail: mlbarisone@hotmail.com

Address: Michael Barisone  
Michael Barisone Dressage Stables, LLC  
411 W. Mill Rd.  
Long Valley, NJ 07853

Thank you.

 , manager /  
owner



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 NOV -8 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 30, 2013

MICHAEL BARISONE  
MICHAEL BARISONE DRESSAGE STABLES, LLC  
411 W ILL RD  
LONG WALLEY, NJ 07853

SUBJECT: MICHAEL BARISONE DRESSAGE STABLES, LLC  
Ref. Number: W13000060384

We have received your document for MICHAEL BARISONE DRESSAGE STABLES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 713A00025314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Michael Barisone Dressage Stables, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New Jersey 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 8, 1999 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Will begin conducting business after registration complete  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3386 Grande Rd.  
Loxahatchee, FL 33470  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Michael Barisone  
3386 Grande Rd.  
Loxahatchee, FL 33470

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TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: training and sale of horses

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

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Michael Barisone

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Michael Barisone Dressage Stables, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

ML Barisone Dressage, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Michael Barisone

(Name)

3386 Grande Rd.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee,

FL

33470

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 608, Florida Statutes.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

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**DEPARTMENT OF THE TREASURY  
SHORT FORM STANDING**

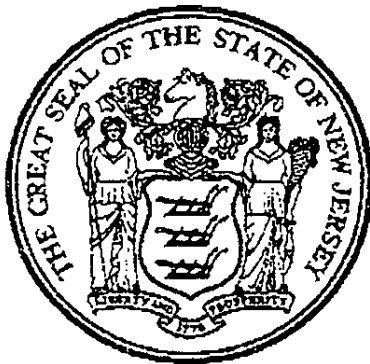
**MICHAEL BARISONE DRESSAGE STABLES, LLC**  
0600079470

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 8, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify the registered agent and registered office are:*

*Michael Barisone  
411 West Mill Rd.  
Long Valley, NJ 07853*



Certificate Number: 130114721

Verify this certificate online at

[http://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
6th day of November, 2013*

*Andrew P Sidamon-Eristoff  
State Treasurer*