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STATE OF FLORIDA
TALLAHASSEE

ALL INFORMATION
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIDERS OF THE LOST EMPIRE, L.L.C.
(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:

Andrew F. Kay, Jr.
(Name of Person)

Riders of the Lost Empire, L.L.C.
(Firm/Company)

13355 79th Street
(Address)

Fellsmere, FL 32948
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew F. Kay, Jr. at (772) 571-1064
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
FILED
AFFIDAVIT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
RIDERS OF THE LOST EMPIRE, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13355 79th Street
Fellsmere, FL 32948

Mailing Address:

13355 79th Street
Fellsmere, FL 32948

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Andrew F. Kay, Jr.

Name

13355 79th Street

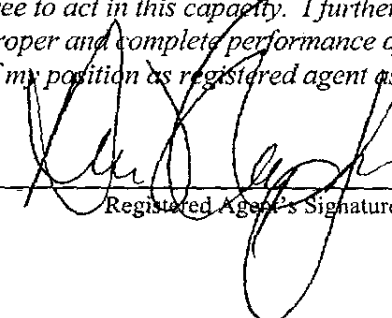
Florida street address (P.O. Box **NOT** acceptable)

Fellsmere

FL 32948

City, State, and 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, F.S.



Registered Agent's Signature

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SECRETARY OF STATE
FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

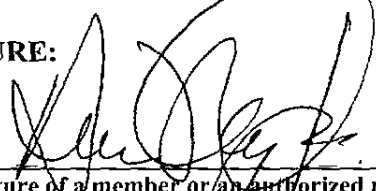
Name and Address:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Andrew F. Kay, Jr. 13355 79th Street Fellsmere, FL 32948

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

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

Andrew F. Kay, Jr.

Typed or printed name of signee

APPROVED
FILED
03 OCT 15 AM 11:07
STATE OF FLORIDA
DEPARTMENT OF REVENUE

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)