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Wellborn Quarter Horses, LLC 8660 County Road 137 Wellborn, FL 32094

November 30, 2000

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

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RE: ARTICLES OF ORGANIZATION

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Florida Limited Liability Company, Certificate of Designation of Registered Agent/Registered Office, and our check for the \$125 filing fees relative to Wellborn Quarter Horses, LLC.

Thank you for your prompt attention to this matter.

Sincerely,

Joseph Schomburg

L-15531

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:	
	Wellborn Quarter Horses, LLC	
2.	The name and the Florida street address of the registered agent and office are:	
	Joseph Schomburg (Name)	- <u> </u>
	8660 County Road 137 Florida street address (P.O. Box NOT ACCEPTABLE)	
	Wellborn, FL 32094	
	City/State/Zip	寶石 面

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..

(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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ARTICLES OF ORGANIZATION FOR F	FLORIDA LIMITED LIABILITY COMPA
ARTICLE 1 - Name: The name of the Limited Labella, Communication	dellborn Quarter Horses, LLC
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
8660 County Road 137 Wellborn, FL 32094	•
ARTICLE III - Registered Agent, Registered Office	ne, & Registered Agent's Signature.
The name and the Florida street address of the registere	red agent are
Joseph Sch	
Name 8660 Count	e Ly Road 137
Honds street address (P.O. B Wellborn	Box NO1 acceptable) FL 32094
City, State, a	
Fiaving been named as registered agent and to accept ser liability compare at the place designated in this certificat agent and agree to act in this capacity. I further agree to relating to the proper and complete performance of my disolity and as provided cooligations of my position as registered agent as provided Agent Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed therefore, a manager - managed company. N/A	ate I hereby accept the appointment as registeres; to comply with the provisions of all statutes duties, and I am familiar with and accept the ed for in Chapter 608. F.S A's Signature I by one manager or more managers and is.
(In accordance with section 608,408)	horized representative of a member, \$(3), Florida Statutes, the execution irrnation under the penalties of perium.

FILING FEES:

\$ 100.00 Piling Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Capy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)