

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**LD100 0016622**

Thistledown Equities LLC

600004613516--0

-09/27/01--01004--011

\*\*\*\*\*125.00 \*\*\*\*\*125.00

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Photocopies	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Mail Out	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up

01 SEP 27 AM 11:09  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 27 AM 11:25

APPROVED  
AND  
FILED

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

9/27/01

Order#: 4811789

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

*JB*  
*9-27-01*

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Thistledown Equities LLC

**ARTICLE II - Address:**

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

3399 PGA Blvd., Suite 450, Palm Beach Gardens, FL 33410

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

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

Peter D. Cummings  
Name  
3399 PGA Blvd., Suite 450  
Florida street address (P.O. Box **NOT** acceptable)  
Palm Beach Gardens FL 33410  
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..*

Peter D. Cummings  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Peter D. Cummings  
Typed or printed name of signee

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED