Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations Fax Number : (850)205-0383

_ ____

From: GAIL S. ANDRE
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF ARTICLES OF ORGANIZATION WITH AN EFFECTIVE DATE OF TODAY, FEBRUARY 15, 2002, AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE.

LIMITED LIABILITY COMPANY

GALE WINDS STABLES, LLC

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ARTICLES OF ORGANIZATION OF GALE WINDS STABLES, LLC

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ARTICLE I - NAME

The name of this limited liability company is GALE WINDS STABLES, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 103 North Lake Drive, Suite B, Ormond Beach, Florida 32714.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 103 North Lake Drive, Suite B, Ormond Beach, Florida 32714 and the name of the initial registered agent of the Company at that address is Christian Jenny.

ARTICLE IV - MANAGEMENT

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

Christian Jenny, Authorized Representative of a

Member

ACCEPTANCE OF REGISTERED AGENT

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 Stantes.

Christian Jenny