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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

ROCKING S STABLES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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DIVISION OF CORPORATION

Handwritten signature/initials

**ARTICLES OF ORGANIZATION
FOR LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company shall be ROCKING S STABLES, LLC
("Company").

ARTICLE II - ADDRESS

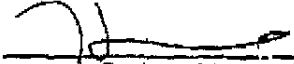
The mailing address and street address of the principal office of the company shall be 10702
Pelican Drive, Wellington, Florida, 33414.

ARTICLE III - REGISTERED OFFICE AND AGENT

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

Hilda M. Porro, P.A.
12773 W. Forest Hill Blvd., Suite 1201
Wellington, Florida 33414

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

ARTICLE IV - MANAGEMENT

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


BARBARA STEGEN, 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.)

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