

Sent By: DANIEL HICKS, P.A.;

352 351 8054

Jan-9-04 4:25PM

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Division of Corporations

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

From:

Account Name : DANIEL HICKS, P.A.
Account Number : 075061003325
Phone : (352) 351-3353
Fax Number : (352) 351-8054

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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LIMITED LIABILITY COMPANY

JAYBARB STABLES, LLC

Certificate of Status	0
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
OF
JAYBARB STABLES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I
NAME**

The name of the limited liability company shall be JAYBARB STABLES, LLC ("Company"). The principal place of business of the Company in Florida shall be 223 South Commerce Avenue, Sebring, Florida 33870.

ARTICLE II

This is a single member Limited Liability Company, to be managed by the Member, the single Member is Jack W. Jones, who address is P.O. Box 1616, Sebring, Florida 33871.

**ARTICLE III
PURPOSES AND POWERS**

The general purpose for which the Company is organized is to conduct any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is Jack W. Jones, 223 South Commerce Avenue, Sebring, Florida 33870.

**ARTICLE V
CAPITAL CONTRIBUTIONS**

The Member of the Company shall contribute to the capital of the Company the cash or property set forth as follows:

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	<u>NAME</u>	<u>CAPITAL CONTRIBUTION/ %</u>	<u>Membership Units</u>
1.	Jack W. Jones	\$1,000.00 100%	100

**ARTICLE VI
TERMINATION OF EXISTENCE (CONTINUITY OF LIFE)**

The company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the Member.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes this 20th day of December, 2003.

Jack W. Jones

Jack W. Jones
Jack W. Jones, Member/Manager

STATE OF FLORIDA
COUNTY OF MARION

Before me, personally appeared, Jack W. Jones, to me well known and known to me to be the persons described in and who executed the foregoing Articles of Organization and acknowledged to and before me that they executed said instrument for the purposes therein expressed, and that they are personally known to me.

WITNESS my hand and official seal this 20th day of December, 2003.

Christina J. Folson
Notary Public, State of Florida



Christina J. Folson
MY COMMISSION # DD076206 EXPIRES
February 5, 2006
BONDED thru TROY FAIN INSURANCE, INC.

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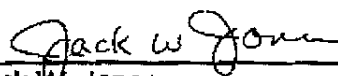
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ACCEPTANCE OF REGISTERED AGENT

I, the undersigned person, having been named as registered agent and to accept services of process for the above -stated limited liability company at the place designated in this statement, 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 obligation of my position as registered agent.

Dated this 20th day of December, 2003.



Jack W. Jones

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