Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000053075 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone : Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

wellington equestrian resort, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu.

f of f

3/11/04 11:51 AM 85:IT - 7002-TT-28W

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is: WELLINGTON EQUESTRIAN RESORT, L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the limited Liability Company is 888 Southeast Third Avenue, Suite # 400, Fort Lauderdale, Florida 33316.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

LARRY J. BEHAR, P.A. 888 Southeast Third Avenue Suite # 400 Fort Lauderdale, Florida 33316

Having been named as registered agent and to accept service of process for the above stated limited fiability company at the place designated in this certificate, I hereby eccept 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..

Larry J. Behar, Registered Agent

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).

Yvonne Huber, Manager - Namber

(In accordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

YVONNE HUBER
Typed or printed name of signee

10400053075