

L040000028921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

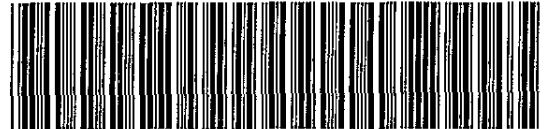
(Business Entity Name)

(Document Number)

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4-15-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL POLO EQUIPMENT L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AUDREY MELVIN
(Name of Person)

PROFESSIONAL POLO EQUIPMENT
(Firm/Company)

12882 SPINNAKER LANE
(Address)

WELLINGTON FLORIDA 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

AUDREY MELVIN at (561) 596 6182
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

AND
FILED
04 APR - 8 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROFESSIONAL Polo Equipment L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

12882 Spinnaker Lane
WELLINGTON
FLORIDA 33414

Mailing Address:

12882 Spinnaker Lane
WELLINGTON
FLORIDA 33414

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

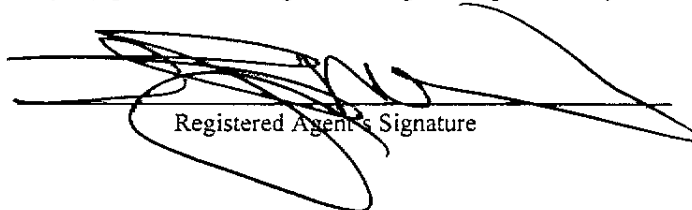
The name and the Florida street address of the registered agent are:

AUDREY melvin
Name

12882 SPinnaker Lane
Florida street address (P.O. Box NOT acceptable)

WELLINGTON FL 33414
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.


Registered Agent's Signature

(CONTINUED)

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AND
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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

541147801816
SEBASTIAN UCHA
BLANCO Y CALERA 1654
Buenos Aires Argentina

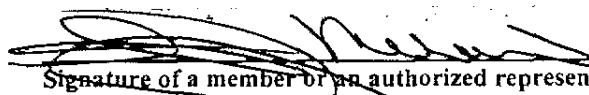
MGR

AUDREY MELVIN
12882 Spinnaker Lane
Wellington FL 33414

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

AUDREY MELVIN
/ 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