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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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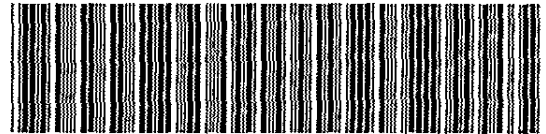
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/28/04--01073--003 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 28 PM 12:04

FILED

TRANSMITTAL AND RETURN INSTRUCTIONS

Phone #: 954-788-8500

April 27, 2004

Via FedEx

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

RE: Wellington Equestrian Farms, LLC

To Registration Section, Div. Of Corporations:

Enclosed please find the original and one copy of the Articles Of Organization Of Wellington Equestrian Farms, LLC. Please file same in your usual prompt and efficient manner (stamped to evidence filing), **AND PLEASE RETURN IN THE FEDEX ENVELOPE PROVIDED.** The cost of the FedEx is prepaid by us.

Thank you for your attention to this matter, and if you have any questions regarding the above and foregoing, please do not hesitate to contact our office.

Very truly yours,

By: Vanesti Guishard
Vanesti Guishard

The check for \$160⁰⁰
includes

\$100.00 filing fee
\$25.00 Designation of Register Agent
\$30.00 for certified copy
\$5.00 for certificate of State

Thank You.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

Pursuant to the provisions of the Limited Liability Company Act of the state of FLORIDA, the undersigned, as organizer, adopts the following articles of organization.

1. NAME

The name of the limited liability company is WELLINGTON EQUESTRIAN FARMS, LLC.

2. (A) DESIGNATED OFFICE

The address of the initial designated office of the limited liability company is 480 South Cypress Road, Pompano Beach, FL 33060.

(B) REGISTERED AGENT

Name: Joe Usman
Principal office: 480 South Cypress Road, Pompano Beach, FL 33060.
Mailing Address: 480 South Cypress Road, Pompano Beach, FL 33060.

HAVING BEEN NAMED AS REGISTERED AGENT 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 RELATIVE 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 STATUTES


Registered Agent's Signature

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CLERK OF STATE
TALLAHASSEE, FLORIDA

3. ORGANIZER

The name and address of the organizer of the limited liability company is: Joe Usman, 480 South Cypress Road, Pompano Beach, FL 33060.

4. TERM

The limited liability company will not be a term company, and the existence of the limited liability company will be perpetual.

5. MANAGEMENT

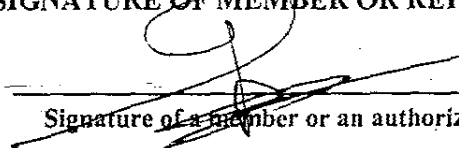
The limited liability company will be managed by managing members ("MGRM" = Managing Member or Member Manager). The names and addresses of the initial managing member of the limited liability company is as follows:

<u>Name</u>	<u>Address</u>
Joe Usman	480 South Cypress Road Pompano Beach, FL 33062

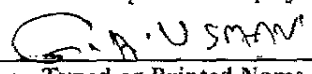
6. DEBTS AND LIABILITIES

No member of the limited liability company will be liable for the debts and liabilities of the limited liability company.

7. REQUIRED SIGNATURE OF MEMBER OR REPRESENTATIVE OF MEMBER


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)

 (SOG USMAN)
Typed or Printed Name of Signer

Filing Fees

\$100.00 Filing fee for Articles of Organization
\$25.00 for Designation of Registered Agent
\$30.00 for Certified Copy (Optional)
\$5.00 for Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA