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Certified Copies	_ c	ertificates o	of Status
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TRANSMITTAL LETTER

	stration Section sion of Corporations			
SUBJECT:	Vinery Stud LLC			
SUBJECT:	(Name	of Limited Liability Comp	oany)	~
The enclosed	Articles of Organization and fe	ee(s) are submitted for filin	ig.	
	Please return all cor	respondence concerning th	nis matter to the following:	co .
	James A. Philpott Jr.		The property of the control of the c	>
		(Name of Person)		<u> </u>
	Attorney at Law			ប៊
		(Firm/Company)		
	PO Box 54350			
*****		(Address)		
	Lexington, KY 40555-4	350		
		(City/State and Zip Code	e)	
For further infe	formation concerning this matte	я, please call:		
James A. Phil	lpott, Jr.	at (859	268-8804	
	(Name of Person)		& Daytime Telephone Numb	xer)

X Application Fee, Designation of Registered Agent, Certified Copy

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vinery Stud LI	.C			
ARTICLE II - A The mailing addre		principal office of the Limited Liability Compa		
Principal Office Address:		Mailing Address:		
4241 Spurr Road		4241 Spurr Road ~		
Lexington KY 40511		Lexington KY 40511		
	tegistered Agent, Register Florida street address of th	•		
	CT Corporation Syste	÷ 5		
	Na	me		
	1200 South Pine Islan	nd Road		
	Florida street address (P.O. Box NOT acceptable)		
	Plantation	FLORIDA 33324		

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, Florida Statutes..

Registered Agent's Signature

Registered Agent's Signature

Assistant Secretary

Page 1 of 2 (CONTAINUED)

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 MGR R. Bates Newton 4241 Spurr Road Lexington KY 40511 (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.)

James A. Philpott, Jr., Attorney and Authorized Agent

Typed or printed name of signee

Filing Foos:

- \$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)