W4000088445

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500042741505

12/01/04--01008--013 **130.00

Mun

04 DEC -1 PM 5: 22

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Gator Country Stables, 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:				
Melissa A. Walters (Name of Person)				
Gator Country Stables, LLC (Firm/Company)				
P.O. Box 532 (Address)				
Eaton Park, FL 33840-0532 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Melissa A. Waters at (803 668-8805 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \ \ \text{(additional copy is enclosed)} \ \ (additional copy is enclosed				

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gator Country Stables, LLC

ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
376 Josh Reynolds Rd Lakeland, FL 33801	Po Box 532 Eston Park, FL 33840-0532
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
<u>Melissa A. V</u>	Valters
Name	
326 Josh Reyv Florida street and	nolds Rd Iress (P.O. Box NOT acceptable)
Lakeland, City, State, a	FL 33801 and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Melisse d. Registered Agent's	Woltes Signature F
(CONTIN	UED)

Page 1 of 2

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

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

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Melissa A. Walters 326 Josh Reynolds Rd Lakeland, FL 33801		
MGRM	Marc A. Walters 326 Josh Reynolds Rd Lakeland, FL 33801		
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.)

A. Walters Melissa Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)