

Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : FISHER, BUTTS, SECHREST & WARNER, P.A.  
Account Number : I20020000102  
Phone : (352)373-5922  
Fax Number : (352)373-5921

LIMITED LIABILITY COMPANY

Castlebrook Thoroughbreds, LLC

Certificate of Status	1
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SECRETARY OF STATE  
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**ARTICLES OF ORGANIZATION**  
**OF**  
**CASTLEBROOK THOROUGHBREDS, LLC**

**ARTICLE I. COMPANY NAME.**

The name of the Company is **Castlebrook Thoroughbreds, LLC.**

**ARTICLE II. PERIOD OF DURATION.**

The Company's period of duration is perpetual.

**ARTICLE III. PURPOSE OF ORGANIZATION.**

The purpose of organizing the Company is to engage in any and all business permitted under the laws of the State of Florida.

**ARTICLE IV. ADDRESS OF PRINCIPAL OFFICE**

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

13418 N.W. Highway 225  
Reddick, Florida 32686

**ARTICLE V. MANAGING MEMBER.**

The name and street address of the Managing Member of this Company is:

Bruce M. Davidson  
13418 N.W. Highway 225  
Reddick, Florida 32686

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**ARTICLE VI. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.**

The name and address of the Registered Agent of this Company is:  
Robert P. Butts, Esq.  
FISHER, BUTTS, SECHREST & WARNER, P.A.  
5203 S.W. 91<sup>st</sup> Terrace, Suite D  
Gainesville, Florida 32608

The Members may, at their discretion, move the Registered Office to any other address in the State of Florida.

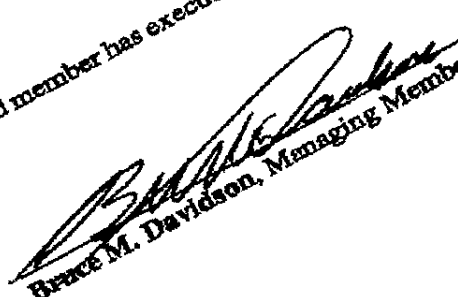
**ARTICLE VII. RESTRICTIONS ON TRANSFER OF MEMBERSHIP INTEREST.**

All Members' interests in the Company are subject to certain restrictions that are incorporated into the Company's Operating Agreement, a copy of which is available at the Company's principal office.

**ARTICLE VIII. INDEMNIFICATION.**

The Company agrees to indemnify any Member, or any former Member, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned member has executed the foregoing Articles of Organization this 5 day of January, 2005.

  
Bruce M. Davidson, Managing Member

SECRET  
TALLAHASSEE

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STATE OF FLORIDA  
COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 5 day of January, 2005, by  
**Bruce M. Davidson**, who is personally known to me \_\_\_\_\_ or who produced  
Florida driver license as identification.



Lisa C. Monteau

NOTARY PUBLIC

Typed or printed name: \_\_\_\_\_

Commission number: \_\_\_\_\_

Commission expires: \_\_\_\_\_

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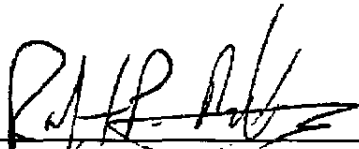
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**ACCEPTANCE OF REGISTERED AGENT**

**FOR**

**CASTLEBROOK THOROUGHBREDS, LLC**

HAVING BEEN NAMED as Registered Agent to accept Service of Process for **Castlebrook Thoroughbreds, LLC** at the place designated in this document, I hereby agree to act in such capacity; further, I AGREE TO COMPLY with the provisions of all Statutes relative to the proper and complete performance of my duties as Registered Agent.



**Robert P. Butts, Registered Agent**  
**FISHER, BUTTS, SECHREST & WARNER, P.A.**  
5203 S.W. 91<sup>st</sup> Terrace, Suite D  
Gainesville, FL 32608

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