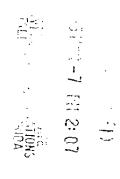
L05000022596

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



500047539975

03/07/05--01068--009 **125.00





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

'alk-In

Will Pick Un

Florida Mustange Sporting Association, LLC	\$0 G ~
	Art of Inc. File
	Foreign Corp. File L.C. File
	Fictitious Name File Trade/Service Mark Margar File
	Merger File Art. of Amend. File RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement
	Cert. CopyPhoto Copy
	Certificate of Good Standing Certificate of Status
	Certificate of Fictitious Name Corp Record Search Officer Search
Jignature	Fictitious Search Fictitious Owner Search
	Vehicle Search Driving Record
equested by: ame 12:30 Time	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

ARTICLES OF ORGANIZATION

F	PRGANIZATION PARTICIPATE TO THE PROPERTY OF TH
ARTICLE I - Name: The name of the Limited Liability Company is:	Control of
FLORIDA MUSTANG SPORTING	Association, LLC
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1725 NW 57th Street	1725 NW 57th STREET
GAINES VILLE, FL 32605	GA. NESU.LLR, FL 32605
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re M. CHARL H. Name 1725 NW 574 Florida street address (P.O.	sistered agent are: Self Street
<u> </u>	
GAINESUILLE, City, State, an	FLORIDA 32605

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 frovided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
ngen	Michael H. self
***************************************	1725 NW 57± STREET
	GAINCSUILL, FL 32605
	•
(Use attachment if necessary)	
, ,	
NOTE: An additional articl∉nn	ust be added if an effective date is requested.
NOTE: An additional article in	ust be added if an effective date is requested.
1//	ust be added if an effective date is requested.
1//	ust be added if an effective date is requested.
REQUIRED SIGNATURE	Aft
REQUIRED SIGNATURE	ust be added if an effective date is requested. or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member of this document constitution of this document constitution.	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
Signature of a member of this document constitute that the facts stated berein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

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