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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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ROBERT D. CHAPIN
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BRIAN E. THOMPSON

July 11, 2005

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: **True Blue Saddlebreds, LLC**

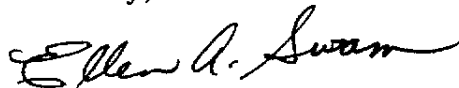
Gentlemen:

I am enclosing the following documents relating to the cancellation of a fictitious name, **TRUE BLUE SADDLEBREDS**, and establishment of **True Blue Saddlebreds, LLC**, a Florida limited liability company:

1. Application for Cancellation of Fictitious Name under the name of **TRUE BLUE SADDLEBREDS**;
2. Check in the amount of \$80.00 representing the filing fee and \$30.00 fee for the certified copy;
3. Articles of Organization of **True Blue Saddlebreds, LLC**; and
4. Check in the amount of \$155.00 representing the \$100 filing fee and \$30 fee for the certified copy.

Please call me if you have any questions or need any additional information. Otherwise, please provide me with documentation to confirm cancellation of **True Blue Saddlebreds**, and that **True Blue Saddlebreds, LLC** has been established as a Florida limited liability company.

Sincerely,



Ellen A. Swam
Legal Assistant

EAS/bhs
Enclosures

F:\Clients\Rozzo, F\TRUE BLUE LLC\SOS LTR.wpd

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

True Blue Saddlebreds, LLC

ARTICLE II - Address:

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

Principal Office Address:

850 Broadway Bond Way
Delray Beach, Florida 33483

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Elizabeth R. Frey Rozzo

Name

850 Broadway

Bond Way
Florida street address (P.O. Box NOT acceptable)

Delray Beach, FL 33483

FL

City, State, and Zip

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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, F.S.


Registered Agent's Signature

(CONTINUED)

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

Name and Address:

MGRM

Elizabeth R. Frey Rozzo

850 Broadway Bond Way

Delray Beach, Florida 33483

(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.)

Elizabeth R. Frey Rozzo

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)