

BLUMBERGEXCELSIOR
Division of Corporations

Fax: 888-612-925

May 23 2006 6:01 P.01

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000363
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Thoroughbred Capital 2006, LLC

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J. BRYAN MAY 24 2006

Justin T. Reed
BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Thoroughbred Capital 2006, LLC**ARTICLE II - Address:**

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

Principal Office Address:6322 Carrington DriveDallas, TX 75254**Mailing Address:**6322 Carrington DriveDallas, TX 75254**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Larry Lee

Name

3055 Harbor Drive, #1801Florida street address (P.O. Box NOT acceptable)FL Lauderdale, FL 33316

City, State, and Zip

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..

Larry Lee

Registered Agent's Signature

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:****MGR**

Keith McKinney

8322 Carrington Drive

Dallas, TX 75254

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(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.)

Justin T. Reed, Organizer

Typed or printed name of signer

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)**