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## To:

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

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****PERCHERON EQUUS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

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**ARTICLE I: Name:**

The name of the Limited Liability Company is:

**Percheron Equus, LLC**

**ARTICLE II: Address:**

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

**10549 Versailles Blvd.  
Wellington, FL 33467**

**ARTICLE III: Registered Agent, Registered Office & Registered Agent's signature:**

The name of the Registered Agent and the street address in Florida of the registered agent is: Renee Adwar, Esq., Renee Adwar, P.A., 848 Brickell Avenue, Suite 850, Miami, Florida 33131.

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 appointments 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

**ARTICLE IV Management:**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The manager members are:

Katty Cavalieri 10549 Versailles Blvd., Wellington, FL 33467  
Salvatore Cavalieri 10549 Versailles Blvd., Wellington, FL 33467

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(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 handwritten signature in black ink, appearing to read "Renee", is written over a horizontal line.

Renee Adwar, Esq.  
Authorized Representative

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