

**L07000015520**

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Account Name : DANIEL HICKS, P.A.  
Account Number : 075061003325  
Phone : (352) 351-3353  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MIDSTATES HORSE SHOWS, L.L.C.**

*John*

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
MIDSTATE HORSE SHOWS, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I  
NAME**

The name of the limited liability company shall be MIDSTATE HORSE SHOWS, L.L.C. ("Company"). The principal office and mailing address of the Company in Florida shall be 3400 NE 97<sup>TH</sup> Street Road, Anthony FL 32617.

**ARTICLE II**

This is a single member Limited Liability Company, to be managed by the Member, the single Member is Kristin Rame, whose address is 3400 NE 97<sup>TH</sup> Street Road, Anthony FL 32617.

**ARTICLE III  
PURPOSES AND POWERS**

The general purpose for which the Company is organized is to conduct any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

**ARTICLE IV  
REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is Kristin Rame, 3400 NE 97<sup>TH</sup> Street Road, Anthony FL 32617.

**ARTICLE V  
TERMINATION OF EXISTENCE (CONTINUITY OF LIFE)**

The company shall be dissolved upon the death, retirement, resignation, expulsion, or bankruptcy of the Member.

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IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes this 09 day of February, 2007.

Kristin Rame  
KRISTIN RAME

STATE OF FLORIDA  
COUNTY OF MARION

Before me, personally appeared, **KRISTIN RAME**, to me well known and known to me to be the person described in and who executed the foregoing Articles of Organization and acknowledged to and before me that he executed said instrument for the purposes therein expressed, and that he is personally known to me or has produced \_\_\_\_\_ as identification.

WITNESS my hand and official seal this 09 day of February, 2007.

Daniel Hicks  
Notary Public, State of Florida  
Commission # DD389158  
Expires February 21, 2009  
Florida Notary Public Association, Inc. 800-368-7010

CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name and address of the limited liability company is **MIDSTATE HORSE SHOWS, LLC., 3400 NE 97<sup>th</sup> Street Road, Anthony FL 32617..**
2. The name and address of the registered agent and office is: **KRISTIN RAME, 3400 NE 97<sup>th</sup> Street Road, Anthony FL 32617.**

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.

Kristin Rame  
KRISTIN RAME

February 9 2007

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