

Sent By: DANIEL HICKS P.A.,
Division of Corporations

4523518054

Feb-12-07

4:40PM;

Page

Page 1 of 1

W07 00000 15520

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000038640 3)))



H070000386403ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

07 FEB 12 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 205-0383
Account Name : DANIEL HICKS, P.A.
Account Number : 075061003325
Phone : (352) 351-3353
Fax Number : (352) 351-8054

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FEB 12 AM 8:25

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MIDSTATE HORSE SHOWS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

W07-15520
2/12/2007

CORRECTED

ARTICLES OF ORGANIZATION
OF
MIDSTATES 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 MIDSTATES HORSE SHOWS, L.L.C., ("Company"). The principal office and mailing address of the Company in Florida shall be 3400 NE 97th 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 97th 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 97th 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.

(((H07000038640 3)))

FILED
2007 FEB 12 AM 8:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

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 09th day of February, 2007.

Notary Public, **Daniel Hicks**
Commission # DD360158
Expires February 21, 2009
Florida Notary Public Association, Inc. 405-266-7019

**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 97th Street Road, Anthony FL 32617..
2. The name and address of the registered agent and office is: **KRISTIN RAME**, 3400 NE 97th 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

February 9, 2007