

**607000077563**Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346FILED  
07 JUL 27 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA*ust***FLORIDA/FOREIGN LIMITED LIABILITY CO.****AL-SHAHEEN BLOOD STOCK., LLC.**

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**AL-SHAHEEN BLOOD STOCK, LLC.**

**ARTICLE II – Address:**

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

**Principle Office Address:**

**16900 W HWY 318  
WILLISTON, FL 32696**

**Mailing Address:**

**16900 W HWY 318  
WILLISTON, FL 32696**

**ARTICLE III – Registered Office, & Registered Agent's Signature:**


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

**CAROLYN R. BROOKS**

**16900 W HWY 318  
WILLISTON, FL 32696**

City, State, and Zip

*Having been named as registered agent and to accept service of process for 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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**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

CAROLYN BROOKS  
16900 W HWY 318  
WILLISTON, FL 32696

MGRM

EMILY DENTON GODWIN  
5350 SE US HWY 41  
MORRISTON, FL 32668

\_\_\_\_\_

\_\_\_\_\_

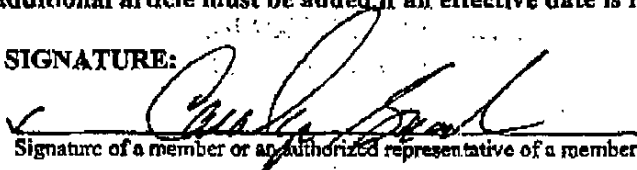
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(Use attachment if necessary)

**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 penalties of perjury that the facts stated herein are true.)

CAROLYN BROOKS

Typed or printed name of signer

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