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SECRETARY OF STATE

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M. Thomas APR 2 1 2008

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Camelot Equestrian C	enter, LLC	
ŞUBJ		mited Liability Company)	
The er	iclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Daniela A. Fazzino		
		(Name of Person)	
	Camelot Equestrian Cente	er, LLC	j. 2
		(Firm/Company)	
	PO Box 121		OR APR 18 AM 11: 1
		(Address)	超 6
	Fort White, Florida, 32038		是
	(City/State and Zip Code)	
For fu	ther information concerning this matter, ple	ease call:	夏雨
Dan	iela A. Fazzino	at (386) 288-5617	
	(Name of Person)	(Area Code & Daytime Telephone Number)	•
Enclos	sed is a check for the following amount:		•
☑ \$125	.00 Filing Fee \$\int\\$130.00 Filing Fee &\text{ Certificate of Status}	Certified Copy (additional copy is enclosed) \$160.00 Filing For Certificate of Sta Certified Copy (additional copy is enclosed)	tus &
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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(Must end with the words "Limited Liability Company, "L.L.C.." or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Comp

Principal Office Address:	Mailing Address:	
913 SW Coles Court	PO Box 121	(
Fort White, Florida, 32038	Fort White, Florida, 32038	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniela A. Fazz	ino	
	Name	
913 SW Coles (Court	
Florida st	reet address (P.O.	Box NOT acceptable)
Fort White	FL	32038
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

PO Box 121	
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Fort White, Florida, 32038	
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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.)

Daniela A. Fazzino

Typed or printed name of signee

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)