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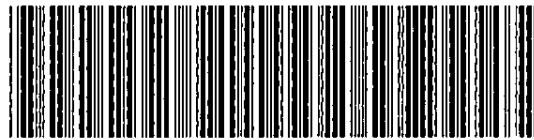
(Business Entity Name)

(Document Number)

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LLC

1. KLE HORSEMEN, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR
KLE HORSEMEN, LLC,
a Florida limited liability company

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TALLAHASSEE, FLORIDA

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.

ARTICLE I - NAME

The name of this Corporation shall be "KLE HORSEMEN, LLC"

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is P.O. Box 291095, 5953 Broken Bow Lane, Port Orange, Florida 32129.

ARTICLE III - MANAGEMENT

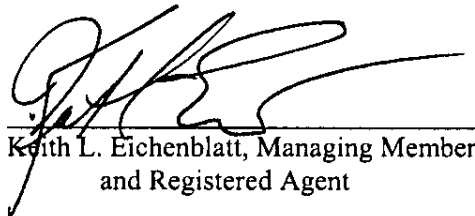
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Keith L. Eichenblatt.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

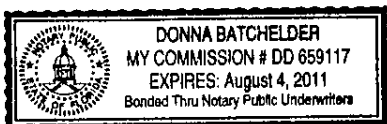
The name and Florida street address of the registered agent is Keith L. Eichenblatt, 5953 Broken Bow Lane, Port Orange, Florida 32129. Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

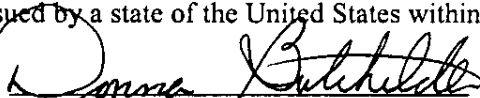
Dated this 23 day of October, 2008.


Keith L. Eichenblatt, Managing Member
and Registered Agent

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 23 day of October, 2008, by KEITH L. EICHENBLATT. Said person did not take an oath and (check one) ☐ is personally known to me, or ☒ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.




Donna Batchelder
Notary Public - State of Florida
Commission Number: DD 659117
My Commission Expires: 08/04/2011