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EXAMINER

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CONTACT:	Kim Weide	<u>nbach</u>	SSEE, FLOW
DATE:	<u>09/01/09</u>		D. C.
REF. #:	000166.1096	563	
CORP. NAME:	DELRAY E	QUESTRIAN CENTER, L.L.C.	
() ARTICLES OF INCO	RPORATION	. () ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
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(XX) CERTIFIED COP		() CERTIFICATE OF GOOD STAI	NDING ' () PLAIN STAMPED COPY

Examiner's Initials



OF

DELRAY EQUESTRIAN CENTER, L.L.C.

The undersigned, as the authorized representative of the initial member of DELRAY EQUESTRIAN CENTER, L.L.C., a Florida limited liability company formed hereunder (the "Company"), on behalf of the members of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE'I COMPANY NAME

The name of the company is DELRAY EQUESTRIAN CENTER, L.L.C.

ARTICLE II COMMENCEMENT AND TERM OF EXISTENCE

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved pursuant to the Operating Agreement (or Limited Liability Company Agreement) of the Company.

ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address and the street address of the principal office of the Company is:

DELRAY EQUESTRIAN CENTER, L.L.C. 5801 Congress Avenue Boca Raton, Florida 33487

ARTICLE IV REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

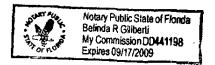
Mark R. Wysocki, Esq. Mombach, Boyle & Hardin, P.A. 500 East Broward Boulevard Suite 1950 Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member of the limited liability company hereby executes these Articles of Organization, this 28th day of August, 2009.

MARK R. WYSOCKI

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this _____ day of August, 2009, by MARK R. WYSOCKI, who (______) has produced a Florida driver's license as identification.



Notary Public - State of Florida
My Commission Expires: 09/17/09
Commission Number: DD441198

Having been named as registered agent and to accept service of process for the above 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.

DATED this 28th day of August, 2009.

Mark R. Wysocki

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