Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

EXAMINER

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (212)431-5000 Phone

: (212)431-1441 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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FLORIDA LIMITED LIABILITY CO. **KPM Racing Stable LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 888-692-9256

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	is:
KPM Racing Stable LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8898 Lyons Road	105 Jackson Street
Boynton Beach, FL 33472	Garden City, NY 11530
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
Kiaran McLaughlin	
Na	me
8226 Laborie Lane	
Florida street	address (P.O. Box NOT acceptable)
Wellington	FL, . 33467
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 I	V- Manager	(s) or Mana	ging Membe	r(g)

Fax:888-692-9256

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

MGRM = Managing Member MGRM	Title: "MGR" = Manag		Name and Addr	088:				
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:		aging Memoer		•	•			:
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior of 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608,408(3), Floride Statutes, the execution of this document constitutes an affirmation under the penalties of perjutitat the facts stated herein are true.) Klaran McLaughlin Typed or printed name of signed Filling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	MGRM	_	Kiaran McLaughiln		, ·			
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