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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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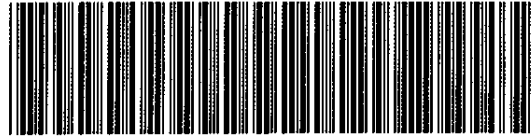
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 17 2012



BERMAN ROSENBACH

A PROFESSIONAL CORPORATION

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WILLIAM J. BERMAN*△

PHILIP ROSENBACH*△

MEMBER

*NEW JERSEY BAR

△NEW YORK BAR

January 10, 2012

VIA UPS

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

**Re: Request to file Articles of Organization for
Florida Limited Liability Company
American Equestrian Associates II, L.L.C.**

Dear Sir/Madam:

Enclosed herewith please find an original and one (1) copy of Articles of Organization regarding the above referenced entity. Enclosed please find my check in the amount of \$155.00 constituting your filing fee and the fee for a certified copy. Kindly file the enclosed upon receipt of this letter and return the certified copy to the undersigned in the enclosed, stamped, self-addressed envelope.

If you have any questions concerning this request, please contact me directly at 973-206-8200.

Thank you for your anticipated cooperation and attention.

Very truly yours,

BERMAN ROSENBACH, P.C.

By:

WILLIAM J. BERMAN

WJB/kg

Enclosures

cc: Mr. Christopher B. Kappler,
Managing Member,
American Equestrian Associates II, L.L.C.
(via mail w/ enclosure)

AMERICAN EQ ASS II, LLC/LTR FILING ART OF ORG

ARTICLES OF ORGANIZATION FOR
AMERICAN EQUESTRIAN ASSOCIATES II,
A FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name if the Limited Liability Company is:

American Equestrian Associates II, L.L.C.

(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 Company is:

Principal Office Address:

3479 Collonade Drive
Wellington, FL 33449

Mailing Address:

203 Main Street
Suite 600
Flemington, NJ 08822

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:

Christopher B. Kappler
American Equestrian Associates II, L.L.C.
Name

3479 Collonade Drive
Florida street address (P.O. Box **NOT** acceptable)

Wellington FL 33449
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 performances 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..

American Equestrian Associates II, L.L.C.

By: Chris Kappler
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:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM _____

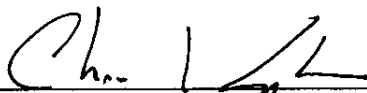
Mr. Christopher B. Kappler
203 Main Street, Suite 600
Flemington, NJ 08822

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ Filing Date ____.(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher B. Kappler

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)

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TALLAHASSEE, FLORIDA