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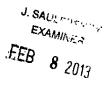
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EQUINE PROPERTIES OF FLORIDA, LLC

TYPE OF FILING: FLORIDA LIMITED LIABILITY COMPANY

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section
Division of Corporations

Equine Properties of Florida, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person Florida Filing & Search Services, Inc. Firm/Company 155 Office Plaza Drive, Suite A Address Tallahassee, FL 32301 City/State and Zip Code zambito@equinepropertieswny.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$160.00 Filing Fcc, □\$125.00 Filing Fee □\$130.00 Filing Fee & ■\$155.00 Filing Fec & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Equine Properties of F			
(M	sst and with the words "Limited L	lability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing address		principal office of the Limited Liability Compa	any is:
Principal Office A	ddress	Malling Address:	
Equine Properties of Flo	ylde, LLC	Equine Properties of Florids, LLC	
4130 Butteroup Way		4130 Bullarcup Way	
Tellehasses, FL 32311		Tellahassee, FL 32311	
The name and the P	olivo Florida registration.) lorida street address of th Rebort C. Ryele, Jr.		2013 FEB -7 A Same vary gr Alterherser
	Nan	16	AN 9:
	4130 Buttoroup Way		登 重
•	Plorida street e	eddress (P.O. Box <u>NOT</u> acceptable)	00 A
•	Tallahassee, FL 32311	PL.	
	City,	State, and Zip	
liability company registered agent at	o at the place designated in ad agree to act in this cape	o accept service of process for the above stated li this certificate, I hereby accept the appointment acity. I further agree to comply with the provision ste performance of my duties, and I am familiar v	as ns of

(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:

Titlet Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Mark F. Zambilo 839 N. Main Street Medina, New York 14103 Member Gary W. Felnman 64 Walden Creek Drive Batavia, New York 14020 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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 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 follows as provided for in s.817.155, F.S.)

Merk F. Zemblio

Typed or printed name of signee

Filing Feest

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)