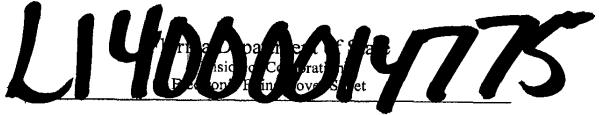
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#356 P.001/003

Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (888) 692-9256

\*\*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.

Love Unlimited Thoroughbreds, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help JAN 28 7111

From:

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:			
Love Unlimited Thoroughbreds, LLC			
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:		
Principal Office Address: Mailing	Address:		
235 E. 40th St., Penthouse A	235 E. 40th St., Penthouse A		
New York, NY 10016	New York. NY 10016		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a	egistered Agent. You must designate an ir.)	idividual or	
BlumbergExcelsior Corporate S	_		
Name			
155 Office Plaza Drive, 1st Fl			
Florida street address (P.O. Box	NOT accentable)		
Tallahassee  City	FL 32301 Zip		
++111	the appointment as registered agent and ag f all statutes relating to the proper and com- gations of my position as registered agent of r 605, F.S  Jose Mojica, Assistant Secretary are (REQUIRED)	ree to act in the plete performa	is nce in

From:

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:
"MGR" = Manager <b>M</b> GR		235 E. 40th St., Penthouse A
		New York, NY 10016
(Use attachment if neces	ssary)	
•		Upon Filing (OPTIONAL)
FICLE V: Effective date, if on a ffective date is listed, the	ther than the date of filing:	Upon Filing (OPTIONAL) d cannot be more than five business days prior to or 90 days aft
FICLE V: Effective date, if one effective date is listed, the date of filing.)	ther than the date of filing: date must be specific an	Upon Filing (OPTIONAL) d cannot be more than five business days prior to or 90 days aff
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FICLE V: Effective date, if one effective date is listed, the date of filing.)  FICLE VI: Other provisions,	ther than the date of filing date must be specific and if any.	Upon Filing (OPTIONAL) d cannot be more than five business days prior to or 90 days aft
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TICLE V: Effective date, if of an effective date is listed, the date of filing.)  TICLE VI: Other provisions,  REQUIRED SIGNAT  Signa accorda	ther than the date of filing: date must be specific and if any.  URE: ignature of a member or nce with section 605.020:	Upon Filing

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)

Page 2 of 2