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From:

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Account Number : I19980000091 Phone : (352)368-2800 Fax Number : (352)867-5787

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

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FLORIDA LIMITED LIABILITY CO. K & N EQUINE REHABILITATION, LLC

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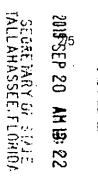
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ARTICLE V

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Jonathan S. Dean, 230 NE 25th Ave. Ste 100, Ocala FL 34470,

ARTICLE VI

CAPITAL CONTRIBUTIONS

The initial member of the Company shall contribute to the capital of the Company the sum of \$1,000.00.

ARTICLE VII

ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members.

ARTICLE VIII

ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as all the members determine. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE IX

INITIAL MEMBERS

The initial member(s) of the Company shall be PATRICK J. NORDLUND AND JUDY L. NORDLUND, Husband and Wife, AND BARRINGTON KIRKHAM.

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ARTICLES OF ORGANIZATION

OF

K & N EQUINE REHABILITATION, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company shall be K & N EQUINE REHABILITATION, LLC ("Company").

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Company shall be 9420 NW 125th Avenue, Ocala, FL 34482.

ARTICLE III

DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's duration shall be perpetual unless the Company is earlier dissolved as provided in these articles of organization.

ARTICLE IV

PURPOSE

The purpose for which this Limited Liability Company is organized is to perform any lawful purpose except that of banking and insurance.

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ARTICLE X

MANAGEMENT

The Company shall be managed by managers in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the initial manager(s) of the Company are Patrick J. Nordlund and Barrington KIrkham, 9420 NW 125th Ave, Ocala, FL 34482.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Ocala, Florida, on this // day of September 2019.

STATE OF MONTANA COUNTY OF YELLOWSTONE

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me this day of September 2019, by PATRICK J. NORDLUND AND JUDY L. NORDLUND, Husband and Wife, who are personally known to me or have produced as identification.

CHEYANN ADAMS
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
December 07, 2021

My commission expires on:

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IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Ocala, Florida, on this 1977 day of September 2019.

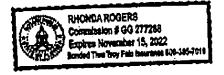
ARRINGTON KIRKHAM

STATE OF FLORIDA COUNTY OF MARION

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me this 19 day of September 2019, by BARRINGTON KIRKHAM who is personally known to me or has produced ______ as identification.

Notary Public

My commission expires on:



CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Having been designated as the Registered Agent for K & N EQUINE REHABILITATION, LLC, I hereby accept the designation and agree to act as the Registered Agent of said Company.

.Dated this 19 day of September 2019.

y GONATHAN S DEAD