

**L22000140352**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407)835-6769  
Fax Number : (407)843-4076

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CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**USPA Sunday Field LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is:

USPA SUNDAY FIELD LLC

## ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

12012 South Shore Boulevard, #102  
Wellington, Florida 33414

## ARTICLE III - Management

The Company shall be managed by one or more members, and is thus a member-managed limited liability company. The initial members shall be United States Polo Association, an Illinois not for profit corporation doing business in the State of Florida as United States Polo Association, Inc., all with an address of 12012 South Shore Blvd., STE #102, Wellington, FL 33414.

ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Craig T. Galle  
13501 South Shore Boulevard  
Suite 103  
Wellington, Florida 33414

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 605, Florida Statutes.

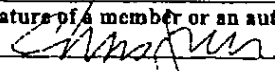


(Registered Agent's Signature)

Craig T. Galle

Chris Green, as Authorized Representative

Signature of a member or an authorized representative of a member



as Authorized Representative

(In accordance with section 605.0203(1)(b), 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, Florida Statutes)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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TALLAHASSEE  
FLORIDA

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