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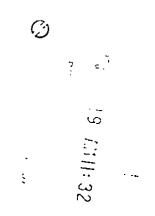


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S. CHATHAM
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DIVISION OF PH 4: 05



COVER LETTER

Division of Corporations
SUBJECT: TRON HORSE CATTLE BROKERS 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: Three Bridges - Dv: Sorry Inc. Name of Person
Three Bridges Advisory Ine
817 East Conover St Address
Tampa FL 33603 City/State and Zip Code The Buildow Old Soir Color (Company)
Three Bridges Advisor & Gmoll. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AN. Bal D. CABRERA at (813) 409-3465 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:				
IRON HORSE CATTLE BROKERS LLC				
(Must contain 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:				

Ocala FL 34471 Ocala FL 3447	<u>'' </u>	
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.)	ŗ	
The name and the Florida street address of the registered agent are:	23	S
Three Bridges Advisory Inc	J#11 19	Mar of a
817 East Conouer St Florida street address (P.O. Box NOT acceptable)	PH 4	
T 23(03		

Mailing Address:

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	PAUL T. SKINNER 1216 SE 10th St October 121471	
ambr_	PACTURE D. CABRERA 8:7 East Conover St Ta-pufl 33603	
		DIVISION 28 JAN
		20 :4
(Use attachment if necessary)		05
the date of filing.)	meet the applicable statutory filing requirements, this dat	r to or 90 days after
ARTICLE VI: Other provisions, if any.		
This document is exec I am aware that any fal	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida se information submitted in a document to the Department ee felony as provided for in s.817.155, F.S.	

as

Filing Fees:

ANTRAL D. CABRERA
Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)