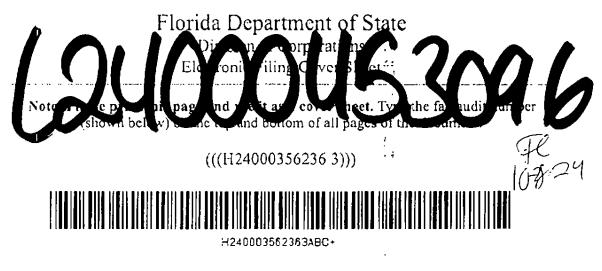
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Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future Etannual report mailings. Enter only one email address please. Email Address:

> FLORIDA LIMITED LIABILITY CO. CHAMPAGNE & SHOWJUMPING HORSES, LLC

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CHAMPAGNE & SHOWJUMPING HORSES, LLC

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

CHAMPAGNE & SHOWJUMPING HORSES, LLC

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THE ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE TINDUSTRY OF MARKETING AND BUSINESS MANAGEMENT AND ANY OTHER SIDELINES THERETO, AND ANY OTHER BUSINESS IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

ARTICLE III

THE INITIAL ADDRESS OF THIS ORGANIZATION IS

55 SW 13th AVE BOCA RATON, FL 33486

PALM BEACH COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

Prepared by: TURNER-MCGOWAN & ASSOCIATES, LLC. 1100 S STATE ROAD 7, STE 200A MARGATE, FL 33068 (954) 970-0006

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATE, FL 33068. 2024 OCT

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE LLC TO ACCEPT SERVICE OF PROCESS , DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE iπo: □ OFEN. ယ္

ARTICLE V

THE NAMES AND ADDRESSES OF THE MANAGERS OF ORGANIZATION:

ELIZABETH NOELK MANAGING MEMBER

7 :

55 SW 13th AVE

52 "

: 20 24 15

BOCA RATON FL, 33486

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MANAGER'S SIGNATURES

Clizabeth Noelk ELIZABETH NOELK

STATE OF FLORIDA) COUNTY OF BROWARD) SS

AFFIRMED AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, BULLY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED BEFORE ME ELIZABETH NOELK WHO EXECUTED THE FOREGOING ARTICLES OF ORGANIZATION.

WITNESS MY HAND AND SEAL THIS

24 DAY OF (

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NOTARY PUBLIC, STATE OF

. :

86

OF SELORIDA

2224

(SEAL)

MCOLE C SEELAL Notary Fublic - State of Florida Commission # HH 419674 My Comm. Exptres Sep 23, 2027 Bonded through National Notary Assn.

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