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Florida Department of State

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Division of Corporations

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From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 : (215)563-8113 Phone

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FLORIDA PROFIT CORPORATION OR P.A.

WINNER'S CIRCLE EQUESTRIAN CENTER INC.

Certificate of Status	1
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ARTICLES OF INCORPORATION

OF

WINNER'S CIRCLE EQUESTRIAN CENTER INC.

The undersigned, incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

WINNER'S CIRCLE EQUESTRIAN CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The mailing address of this corporation shall be:

16588 Unit A, Delray Beach, 33466

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1,000) Shares Without Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lawrence E. Appet 16588 Unit A Delray Beach, FL 33466

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Lawrence E. Appet 16588 Unit A Delray Beach, FL 33466

The undersigned has executed these Articles of Incorporation this D. day of October, 2001.

Awrence R. Appet, Ancorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

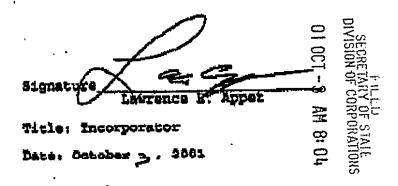
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

WINNER'S CIRCLE EQUESTRIAN CENTER INC.

The name and address of the registered agent and office is:

Lawrence E. Appet 16588 Unit A
Delray Beach, FL 33466



HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT.

Date: October , 2001