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100003080461--0 -12/27/99--01071--018 *****78.75 CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): Walk In Pick Up Time Certified Copy Mail Out Certificate of Statu Will Wait Certificate of Good S RUSH Photocopy ARTICLES ONLY ALL CHARTER DOCS NEW FILINGS SAMENDMENTS SEEDING Profit Amendment NonProfit Resignation of R.A. Officer/Director Limited Liability Change of Registered Agent Certificate of FICTITIQUS NA Domestication Dissolution/Withdrawal Other Merger FICTITIOUS NAME CORP SEARCH COTHER FILINGS REGISTRATION/QUALIFICATION= Annual Report Foreign Fictitious Name Limited Parmership Name Reservation Reinstatement Trademark Other Ordered By:

ARTICLES OF INCORPORATION

OF

SEZ WHO THOROUGHBREDS, INC.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

SEZ WHO THOROUGHBREDS, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

19707 Turnberry Way, TS #4 Aventura, FL 33180

and the name of its initial Registered Agent at such address shall be:

RICHARD SIMON

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The names and addresses of the incorporator is:

RICHARD SIMON 19707 Turnberry Way, TS #4 Aventura, FL 33180

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this ______ day of December, 1999.

RICHARD SIMON

STATE OF FLORIDA COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared RICHARD SIMON, who is personally known to me or produced _______ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Marion County, Florida this ______ day of December, 1999.

H. Randolph Klein
MY COMMISSION # CC927668 EXPIRES
June 12, 2001
BONBED THRU TROY FAIN INSURANCE, INC.

Notary Public

My commission expires:

Having been named Registered Agent of SEZ WHO THOROUGHBREDS, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.

RICHARD SIMON

Registered Agent

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SECRETARY OF STATE
SECRETARY OF STATE