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(City/State/Zip/Phone #)

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(Business Entity Name)

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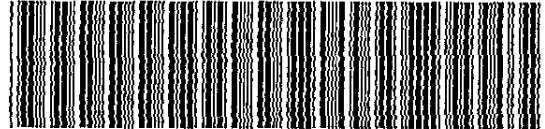
Acknowledgement

DCC

W. P. Verifier

DCC

Office Use Only



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SECRETARY'S OFFICE
JUL 11 2005

7:55 PM - 8 PM 2:24

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACL RACING STABLE, 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:

E. HUNT RAY III

(Name of Person)

KRING, RAY, FARLEY & RIDDLE, PSC

(Firm/Company)

444 EAST MAIN STREET, SUITE 203

(Address)

LEXINGTON, KENTUCKY 40507

(City/State and Zip Code)

For further information concerning this matter, please call:

E. HUNT RAY III

(Name of Person)

at (859) 977-1634

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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JAN 11 1994

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACL RACING STABLE, LLC

ARTICLE II - Address:

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

Principal Office Address:

ACL RACING STABLE, LLC
SPRING GARDEN RANCH RD. LOT 41-42
DE LEON SPRINGS, FL 32130-4202

Mailing Address:

ACL FARM, LLC
278 STEEL ROAD
PARIS, KENTUCKY 40361

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ANETTE KARIN LORENTZON

Name

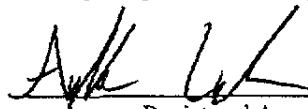
SPRING GARDEN RANCH ROAD, LOT 41 - 42

Florida street address (P.O. Box **NOT** acceptable)

DE LEON SPRINGS FL 32130-4202

City, State, and Zip

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 608, F.S.



Registered Agent's Signature

(CONTINUED)

FILED
JAN - 8 PM 2:22 PM
CLERK OF DISTRICT COURT
JAN 8 2014
CLERK OF DISTRICT COURT
JAN 8 2014

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member


Name and Address:

<u>MGRM</u>	<u>ANETTE KARIN LORENTZON</u> <u>SPRING GARDEN RANCH ROAD, LOT 41-42</u> <u>DE LEON SPRINGS, FL 32130-4202</u>
<u>MGRM</u>	<u>ANNA KRISTINA LORENTZON</u> <u>SPRING GARDEN RANCH ROAD, LOT 25</u> <u>DE LEON SPRINGS, FL 32130-4202</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANETTE KARIN LORENTZON
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)