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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

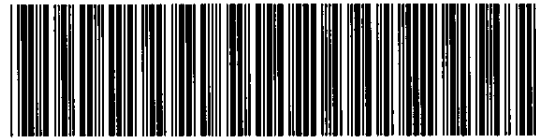
(Business Entity Name)

(Document Number)

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January 23, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

Half Circle L Management, LLC

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Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

Retrieval Request

- Photocopy
- Certified Copy

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other - Conv

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

EFFECTIVE DATE 1/17/08

ARTICLES OF ORGANIZATION
FOR
HALF CIRCLE L MANAGEMENT, LLC
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the Limited Liability Company is: HALF CIRCLE L MANAGEMENT, LLC

ARTICLE II - ADDRESS:

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

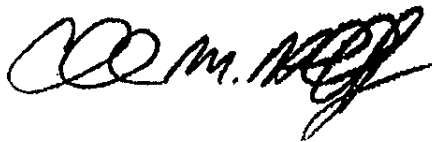
PRINCIPAL OFFICE ADDRESS:
c/o Half Circle L Management, LLP
2424 Thorp Road
Immokalee, FL 34142

MAILING ADDRESS:
c/o Half Circle L Management, LLC
2424 Thorp Road
Immokalee, FL 34142

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE: The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.
Name
2390 Tamiami Trail North, Suite 204
Florida street address (P.O. Box **NOT** acceptable)
Naples, FL 34103
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

ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):

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

TITLE:

NAME AND ADDRESS:

"MGR" - Manager

"MGRM" - Managing Member

MICHAEL K. SCOFIELD

c/o Half Circle L Ranch, LLP, 2424 Thorp Road,
Immokalee, Florida 34142

MGRM

DANE T. SCOFIELD

c/o Half Circle L Ranch, LLP, 2424 Thorp Road,
Immokalee, Florida 34142

MGRM

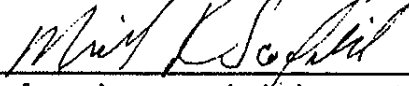
MILES L. SCOFIELD

38 Banyan Road, Naples, Florida 34108

MGRM

ARTICLE V - EFFECTIVE DATE

The effective date of HALF CIRCLE L MANAGEMENT, LLC is January 17, 2008.



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.)

Michael K. Scofield

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)