

L 98000002490

October 26, 1998

Florida Department of State  
Registration Section  
Division of Corporation  
Post Office Box 6327  
Tallahassee, Florida 32314

000002674360--9  
-10/28/98--01053--007  
\*\*\*\*285.00 \*\*\*\*285.00

Gentlemen,

Enclosed please find Certificate of Designation of Registered Agent as well as the Articles of Organization for your further handling.

Thank You.

Sincerely,

*Emily Sniadecky*

Emily Sniadecky  
9580 NW HWY 225A  
Ocala, Florida 34482  
Phone & Fax# 352-402-9150

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L98-2490

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
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Updater Verifier	<i>[Signature]</i>
Acknowledgment	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Do-Little Farm, L.C.

**ARTICLE II - Address:**

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

Mailing Address:

P.O. Box 770481

Ocala, FL 34477

Street Address:

9580 N.W. Highway 225A

Ocala, FL 34477

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

25 years

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**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(x) and address(~~es~~) of the managing member(x) is/~~are~~:

Emily Sniadecky  
9580 n.w. Highway 225A  
Ocala, FL 34477

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Upon 80% of the outstanding members consent and in accordance with the operating agreement.

**ARTICLE VI - Members Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Upon unanimous consent of all remaining members.

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**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Do-Little Farm, L.C.  
certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 2,000.00 ;
- 3) if any, the agreed value of property other than cash contribution by member(s) is \$ 0.00 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 2,000.00 ;

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

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

Emily Sniadecky  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Do Little Farm, L.C.

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

Emily Sniadecky  
NAME

9580 N.W. Highway 225A  
Florida street address (P.O. Box NOT ACCEPTABLE)

Ocala, FL 34477  
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TALLAHASSEE, FLORIDA

*Having been named as a 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.*

Emily Sniadecky  
SIGNATURE

**Filing Fee: \$35.00 for Designation of Registered Agent**