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Pepper Land LLC

May 4, 2000

Registration Section Divisions of Corporations Post Office Box 6327 Tallahassee, FL 32314

100003243221--2 -05/08/00--01127--007 ****160.00 ****160.00.

To Whom it May Concern:

Please find enclosed the Articles of Organization for Pepper Land LLC. Also enclosed is a check in the amount of \$160.00 covering the fees for filing, registered agent, certified copy and certificate of status. The daytime contact person is W. Lawrence LeNeve at (561) 832-1299. Please send the acknowledgement to the below address.

Sincerely

W. Lawrence LeNeve

WLN/abc encl. (1)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | - | |
|---|------------------------|---------------------|--------------|-------------------------|
| Pepper Land LLC | | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is | : | | | |
| 350 S County Rd, Suite 201 Palm Beach, FL 33480 | | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: | | | | |
| The name and the Florida street address of the registered agent are: | | | | |
| W. Lawrence LeNeve Name | | | : = | <u></u> - 17 <u>.</u> - |
| 350 S. County Rd, Suite 201 Florida street address (P.O. Box NOT acceptable) | 3** | | | |
| Palm Beach, FL 33480 City, State, and Zip | • | 1 - | . Vēna | , • · |
| Having been named as registered agent and to accept service of process for the above stated limithe place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and comy duties, and I am familiar with and accept the obligations of my position as registered agent as 608, F. S Registered Agent's Signature | gree to c omplete , | act in t perfort | his nance | of |
| Article IV - Management (Check box if applicable.) | | វា | - | |
| The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. (An additional article must be added if an effective date is requested) | CH STATE | PII II: 25 | 1 | |
| 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.) | | | | ··· |
| W. Lawrence Le Neve- Typed or printed name of signee | | | | - - - |
| 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) | | | | |

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 TEE STATE OF FLORIDA.

| 1. The name of the Limited Liability | Company is: | | | | |
|---|--|--------------------------------|---------------------------------------|--|--------------------------------|
| Pepper Land LLC | | | | | |
| 2. The name and the Florida street ad | da street address of the registered agent and office are: W. Lawrence LeNeve Name | | | | |
| | | | h-aut. | <u>. </u> | |
| | | Name | | | |
| | 35 | 50 S. County Rd, Suite 20 | 1 | | |
| | Florida s | treet address (P.O. Box NOT ac | cceptable) | | |
| | ī | Palm Reach EI 33480 | | | |
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| Having been named as registered ag | ent and to accept . | service of process for the a | above stated limité | d liability co | ompany at |
| he place designated in this certificat | e, I hereby accept | the appointment as regist | ered agent and ag | ree to agt in | this |
| capacity. I juriner agree to comply w | rith the provisions | of all statutes relating to | the proper and con | n <u>pl</u> ete <u>pe</u> rfoi | rmance of |
| ny dunes, and i am jamiliar with and 608, F. S | a accept me obligi | ations of my position as re | gisterea agent as <u>t</u> | proviaea jor 5== \cap | ın Cnapter |
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| 0 0 = // | | · · · | | | |
| (Signature) ✓ | | | | | |
| | \$ 100.00 | Filing Fee for Applicati | ion | | - |
| | | | | | |
| | \$ 30.00 | Certified Copy (options | | | |

Certificate of Status (optional)

\$ 5.00