

L01000007750

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Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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AL

## LIMITED LIABILITY COMPANY

## HARDACRE FARM, LLC

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 15, 2001

EMPIRE CORPORATE KIT COMPANY

SUBJECT: HARDACRE FARM, LLC  
REF: W01000009931

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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ARTICLES OF ORGANIZATION OF HARDACRE FARM, LLC

ARTICLE I  
NAME

The name of this Limited Liability Company shall be HARDACRE FARM, LLC (the "Company").

ARTICLE II  
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be MARION COUNTY, OCALA, FLORIDA, and such other place or places as the member from time to time may determine. The mailing address of the Company is 11900 N.W. 90<sup>th</sup> Avenue, Ocala, Florida 34482.

ARTICLE III  
INITIAL REGISTERED OFFICE AND  
REGISTERED AGENT

The initial registered agent of the Company shall be AMY TARRANT. The address of the initial registered agent is 11900 N.W. 90<sup>th</sup> Avenue, Ocala, Florida 34482.

ARTICLE IV  
MANAGEMENT

The Company will be a manager-managed company, and will be managed by a manager or managers who may be, but are not required to be, a member of the Company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is :

AMY TARRANT  
11900 N.W. 90<sup>th</sup> Avenue  
Ocala, Florida 34482.

IN WITNESS WHEREOF, the undersigned have caused these Articles of Organization to be executed on the 27 day of April, 2001, effective upon filing same with the Florida Department of State.

BY: HARDACRE FARM, LLC

  
AMY TARRANT, Member (or Authorized  
Representative)

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STATE OF FLORIDA )  
 ) SS:  
COUNTY OF MARION )

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of April, 2001, by AMY TARRANT the foregoing Articles of Organization as member, who is personally known to me, or who have produced \_\_\_\_\_ as identification, and being first duly sworn, acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed.

Melodee Hicks  
Signature - NOTARY PUBLIC

Melodee Hicks  
Printed Name of NOTARY PUBLIC

CC 792367  
Commission Number



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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN  
FLORIDA.

1. The name of the limited liability company is:

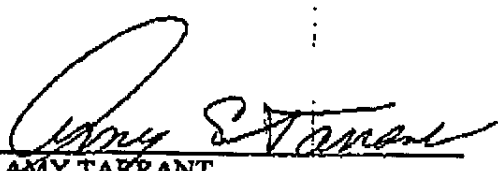
HARDACRE FARM, L.L.C.

The name and address of the registered agent and office is:

AMY TARRANT  
11900 S.W. 90<sup>th</sup> Avenue  
OCALA, FLORIDA 34482

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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 RELATIVE TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND  
ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED  
AGENT.

By:   
AMY TARRANT

Date: 4/27/01

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