ROGERS, TOWERS Division

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 : (904)398-3911

Fax Number : (904)396-0663 AL !

LIMITED LIABILITY COMPANY

North Florida Land Ventures, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION OF NORTH FLORIDA LAND VENTURES, LLC

ARTICLE I - NAME

The name of this limited liability company is North Florida Land Ventures, LLC (the "Company").

ARTICLE II - ADDRESS

The address of the principal office and the mailing address of the Company is 255 North Lake Avenue, Lake Butler, Florida 32054.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 914 Atlantic Avenue, Suite 2-A, Fernandina Beach, Florida 32034, and the name of its initial registered agent at such address is William L. Agricola.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company will be member-managed.

IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 27 day of September, 2001.

NORTH FLORIDA LAND VENTURES, LLC

William L. Agricola Authorized Member

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CERTIFICATE OF DESIGNATION. REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

NORTH FLORIDA LAND VENTURES, LLC

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

> William L. Agricola 914 Atlantic Avenue, Suite 2-A Fernandina Beach, Florida 32034

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.

William L. Agricola

Date: 9/27/00/