

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L010000021069

Eagle Ridge Tree Farm LLC

300004711653-5
****160.00 ****160.00
300004711653-5
-12/06/01-01044-023
****160.00 ****160.00

RECEIVED
01 DEC -6 AM 11:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 DEC -6 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

JB
12-16-01

Signature _____

Requested by: *LW*

Name _____ Date *12/6* Time _____

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION

OF

EAGLE RIDGE TREE FARM, LLC.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Eagle Ridge Tree Farm, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 3795 Sneed Road, Fort Pierce, Florida 34945.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Member shall be Michael West. The Members of the Company are as follows:

Stacy Feketa
3501 Sneed Road
Fort Pierce, FL 34945

Stewart M. Feketa
3501 Sneed Road
Fort Pierce, FL 34945

Krysten M. Rowlands
3795 Sneed Road
Fort Pierce, FL 34945

Michael West
3795 Sneed Road
Fort Pierce, FL 34945

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ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

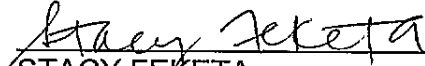
ARTICLE VI -SURVIVORSHIP


In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the

right to continue the business.

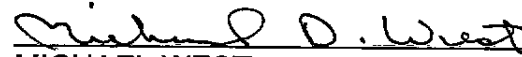
ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.


STACY FEKETA
Member


STEWART M. FEKETA
Member


KRYSTEN M. ROWLANDS
Member


MICHAEL WEST
Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
COUNTY OF ST. LUCIE

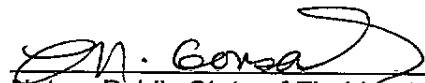
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Stacy Feketa, who has produced _____ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and she acknowledged before me that she executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 28th day of November, 2001.

(SEAL)



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIR INSURANCE, INC.


Notary Public State of Florida at Large
Printed Signature:
My Commission No:
My Commission Expires:

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Stewart M. Feketa, who has produced _____ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 25th day of November, 2001.



(SEAL)
Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

T.N. Gonsalves

Notary Public State of Florida at Large
Printed Signature:
My Commission No:
My Commission Expires:

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Krysten M. Rowlands, who has produced _____ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and she acknowledged before me that she executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 28th day of November, 2001.



(SEAL)
Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

T.N. Gonsalves

Notary Public State of Florida at Large
Printed Signature:
My Commission No:
My Commission Expires:

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

APPROVED
AND
FILED

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Michael West, who has produced _____ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 4th day of December, 2001.

(SEAL)



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC

Tiffany N. Gonsalves
Notary Public State of Florida at Large

Printed Signature:
My Commission No:
My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

Rickey L. Farrell
RICKEY L. FARRELL

Registered Agent

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced _____ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

61 DEC -6 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 4th day of December, 2001.

(SEAL)



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC

Tiffany N. Gonsalves
Notary Public State of Florida at Large

Printed Signature:
My Commission No:
My Commission Expires: