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THE LAW OFFICE OF
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FILED
2002 JUN 19 AM 11:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 17, 2002

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-06/19/02-01073-004
***160.00 ***160.00

Secretary of State
Division of Corporations
P. O. Box 6327
The Capitol
Tallahassee, Florida 32314

Attn: Articles of Organization

Re: OAK MEADOWS DAIRY, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and a copy of Articles of Organization for the above-named L.L.C.. In addition, a check in the amount of \$160.00 is enclosed which represents the following fees:

Filing Fee	\$ 125.00
Certified Copy	\$ 30.00
Certificate	\$ 5.00
	<u>\$160.00</u>

Please file the original of the enclosed Articles of Organization and return a certified copy to me at your earliest opportunity.

Sincerely,


Gregory V. Beauchamp

GVB/jem
Enclosure

J. BRYAN JUN 21 2002

THIS INSTRUMENT
PREPARED BY:
GREGORY V. BEAUCHAMP, P. A.
P. O. BOX 1129
CHIEFLAND, FLORIDA 32644-1129

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**ARTICLES OF ORGANIZATION
OF
OAK MEADOWS DAIRY, L.L.C.**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Act, do hereby adopt the following Articles of Organization.

ARTICLES 1.0

The name of the Limited Liability Company shall be: **OAK MEADOWS DAIRY, L.L.C.**

ARTICLE 2.0

The period of its duration may not exceed 30 years from the date of filing with the Department of State.

ARTICLE 3.0

The purpose for which the Limited Liability Company is organized shall be the operation of a commercial dairy.

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ARTICLE 4.0

The location of the principal place of business and mailing address of the Limited Liability Company shall be: physical address is **6415 SW. CR 158, JASPER, FLORIDA 32053** and the mailing address is **6415 SW. CR 158, JASPER, FLORIDA 32053**.

ARTICLE 5.0

The admission of new Members shall be subject to the unanimous approval of the existing Members of the Limited Liability Company.

ARTICLE 6.0

Upon the affirmative majority thereof, the remaining Members of the Limited Liability Company may 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.

ARTICLE 7.0

The Limited Liability Company shall be managed by a Manager or Managers and the name and address of the initial Managers are as follows:

RICHARD M. RIENHARDT	6415 SW CR 158 JASPER, FLORIDA
DANIEL E. BUTTON	22033 CROOM RD. BROOKSVILLE, FLORIDA 34601
GARY S. KEYES	22033 CROOM RD. BROOKSVILLE, FLORIDA 34601

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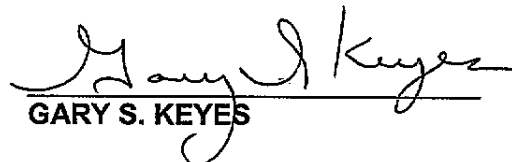
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits that following statement to designate a registered office and registered agent in the State of Florida.

- 1, The name of the Limited Liability Company is **OAK MEADOWS DAIRY, L.L.C.**
2. The name and the Florida street address of the Registered Agent is:

**GARY S. KEYES
22033 CROOM RD.
BROOKSVILLE, FLORIDA 32601**

Having been named as Registered Agent and to accept service of process for the above state 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.


GARY S. KEYES

IN WITNESS WHEREOF, the undersigned Member have executed these Articles
of Organization this 12th day of June, 2002.

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TALLAHASSEE, FLORIDA

Richard M. Rienhardt
RICHARD M. RIENHARDT

Daniel E. Button
DANIEL E. BUTTON

Gary S. Keyes
GARY S. KEYES

STATE OF FLORIDA
COUNTY OF Hamilton

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared **RICHARD M. RIENHARDT, DANIEL E. BUTTON and GARY S. KEYES**, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form(s) of identification: () personally known or () produced identification Florida Drivers License. No oath(s) taken.

12th WITNESS my hand and official seal in the County and State last aforesaid this
day of June, 2002.

(NOTARY SEAL)



Wesley Jane Cribbs
MY COMMISSION # CC911600 EXPIRES
February 23, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Wesley Jane Cribbs
Notary Signature

Wesley Jane Cribbs
Notary Printed Name