

LO2000033403

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LO2-33403
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CLERK OF COURT
TALLAHASSEE, FLORIDA

02 DEC 12 AM 8:30

FILED



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 2, 2002

ROBERT KNOX
420 US HIGHWAY ONE, SUITE 15N
NORTH PALM BEACH, FL 33408

SUBJECT: DIVERSIFIED AGRI GROWERS, LLC
Ref. Number: W02000033739

We have received your document for DIVERSIFIED AGRI GROWERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 602A00063916

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

02 DEC 12 AM 8:33

FILED

October 8, 2002

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: ARTICLES OF ORGANIZATION
DIVERSIFIED AGRI GROWERS, LLC

GENTLEMEN:

Enclosed please find an original and duplicate of the ARTICLES OF ORGANIZATION FOR DIVERSIFIED AGRI GROWERS, LLC.

The address of this LLC is 420 U S Highway One, Suite 15N, North Palm Beach, Florida, 33408.

The daytime telephone number of this LLC is 561-627-1734.

Enclosed also, please find our check in the amount of \$160.00 to cover the following costs:

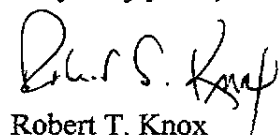
\$100.00 Filing Fee for Articles of Organization
25.00 Designation of Registered Agent
5.00 Certificate of Status

\$130.00 Total

Please record the enclosed document as soon as possible.

Thank you for your cooperation.

Very truly yours,


Robert T. Knox
Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 12 AM 8:33

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ARTICLES OF ORGANIZATION

ARTICLE 1 – NAME:

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

DIVERSIFIED AGRI GROWERS, LLC

ARTICLE II – ADDRESS:

**THE MAILING AND STREET ADDRESS OF THE PRINCIPAL OFFICE
OF THE LIMITED LIABILITY COMPANY IS:**

**420 U S HIGHWAY ONE
SUITE 15N
NORTH PALM BEACH
FLORIDA, 33408**

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

**THE NAME AND THE FLORIDA STREET ADDRESS OF THE
REGISTERED AGENT ARE:**

**ROBERT T. KNOX
721 HUCKLEBERRY LANE
NORTH PALM BEACH
FLORIDA, 33408**

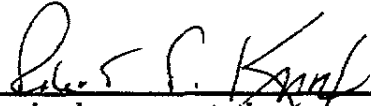
**Having been named as registered agent and to accept service of process for the
above stated limited liability company at the place designated in this certificate, I
hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of 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 as provided for in Chapter 608, F. S.**

02 DEC 12 AM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

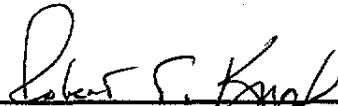


Registered Agent's Signature – Robert T. Knox



Signature of an authorized representative (manager) of a member

(In accordance with sections 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated in the document herein are true)



Robert T. Knox, Manager

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02 DEC 12 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA