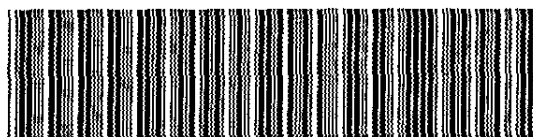


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Paul Broadhead Interests, Inc.

CLERK OF STATE
TALLAHASSEE, FLORIDA

June 3, 2003

Registration Section
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

RE: APALACHICOLA FARMS, LLC

Gentlemen:

Please find enclosed for filing Articles of Organization for Apalachicola Farms, LLC as well as Designation of Registered Agent. A check for \$125.00 is also enclosed in payment of the required filing fees.

Copies of these documents are included for your convenience in acknowledging this filing.

Please do not hesitate to call me at the number shown below should you have questions.

Thank you.

Yours truly,


Sherry Howell

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED**ARTICLE I - Name:**The name of the Limited Liability Company is: **APALACHICOLA FARMS, LLC**

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CLERK OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

2212 B Street, Meridian, MS 39301**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

I. Drayton Pruitt, Jr.

Name

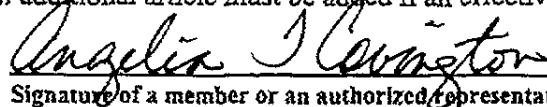
326 Gulf Shore DriveFlorida street address (P.O. Box **NOT** acceptable)**Destin****FL 32541**

City, State, and Zip

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.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

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

Angelia T. Covington

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)