

L08000023916

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -1 AM 10:01

ROSE M. WAFF

(Requestor's Name)

1619 NEW LEGEND CT.

(Address)

FALLAWASSEE 893-7581

(Address)

Tallahassee FL 32312

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

FLYWAY FARMS LLC

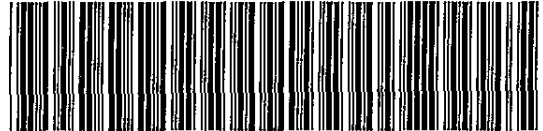
(Business Entity Name)

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ARTICLES OF ORGANIZATION
OF
FLYWAY FARMS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company shall be FLYWAY FARMS, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principle office of FLYWAY FARMS, LLC is:

Principle Office Address:

Mailing Address:

1619 New Legend Court
Tallahassee, Florida 32312

1619 New Legend Court
Tallahassee, Florida 32312

ARTICLE III - REGISTERED AGENT

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

Rose M. Naff
1619 New Legend Court
Tallahassee, Florida 32312

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 related to the proper and compete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 6508, F.S.


Registered Agent Signature

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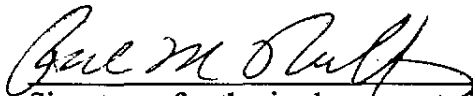
ARTICLE IV – MANGING MEMBERS

The names and addresses of the Managing Members is as follows:

<u>Title:</u>	<u>Name and Address:</u>
<u>MGRM</u>	<u>Eastrope LLC</u> <u>1619 New Legend Court</u> <u>Tallahassee, Florida 32312</u>
<u>MGRM</u>	<u>F. Allen and Stephanie Boyd</u> <u>4867 Ashville Highway</u> <u>Monticello, Florida 32344</u>

REQUIRED SIGNATURE:

I affirm by execution of this document and in accordance with section 608.408(3) that the facts stated herein are true under the penalties of perjury,



Signature of authorized representative of Eastrope LLC

Rose M. Naff

Typed or printed name of signee