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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOWELL BREEDING LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LOWELL BREEDING (Name of Person)
LOWELL BREEDING LLC (Firm/Company)
LOOG MARSH POINT ROAD
NEPTUNE BEACH FL 37766 (City/State and Zip Code)
For further information concerning this matter, please call:
LOWELL REEDING at 904 509-3183 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LOWELL BREEDING LL	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2009 MARSH POINT RD	SAME.
NEPTUNE BEICH FL 32264	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
LOWELL BREEDIN	JG .
Zoo9 MARSH AGIAT Florida street address (P.O. Box I	
NEPTUME BEACH F City, State, and Zip	LORIDA 3ZZC4

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	,
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MERM	NERWE BUT STA ZVV69 135 Red FIN DC. AND AMIC BOH. P1 32233
MERM	CHANISS CLAYPOOL

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608 408(3) Florida Statutes, the execution

(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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

(Use attachment if necessary)

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)