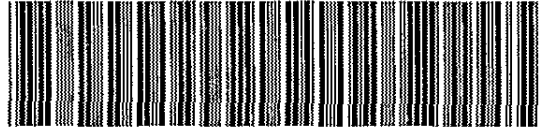


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TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: OAKDALE HAMMOCK CATTLE CO.
(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:

ANDREW N. JONES

(Name of Person)

OAKDALE HAMMOCK CATTLE CO. LLC.

(Firm/Company)

6279 SUNNYSIDE DR.

(Address)

LEESBURG, FL. 34748

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW N. JONES

(Name of Person)

at (352) 362-3361 (Mobile/Cell)

OR (352) 245-6522

OR (352) 245-2038

> Best #'s

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

OAKDALE HAMMOCK CATTLE Co. LLC

ARTICLE II - Address:

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

Principal Office Address:

ANDREW N. JONES (OHC LLC)

6279 SUNNYSIDE DR.

LEESBURG, FL 34748

Mailing Address:

ANDREW N. JONES

6279 SUNNY SIDE DR

LEESBURG, FL 34748

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ANDREW N. JONES

Name

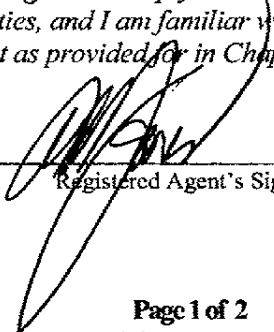
6279 SUNNYSIDE DR.

Florida street address (P.O. Box NOT acceptable)

LEESBURG, FL. FLORIDA 34748

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, Florida Statutes..



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGR"

ANDREW N. JONES

6279 SUNNYSIDE DR.

LEESBURG, FL 34748

"MGRM"

REBECCA A. JONES

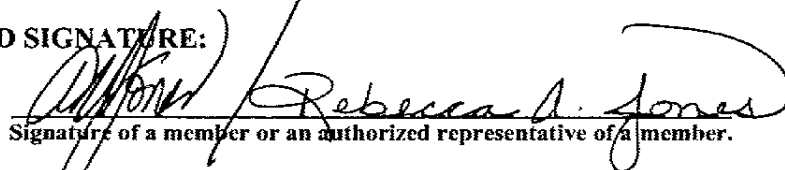
6279 SUNNYSIDE DR

LEESBURG, FL 34748

(Use attachment if necessary)

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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

"MGR" ANDREW N. JONES / "MGRM" REBECCA A. JONES
Typed or printed name of signee

125

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)