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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 12 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL RIGHT GROVES 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:

JOSEPH H. NOELKE JR.  
(Name of Person)

(Firm/Company)

1300 Hartman Road  
(Address)

Fort Pierce, FL 34947-4406  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph H. Noelke Jr. at ( 772 ) 216-9953  
(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

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2004 MAR -1 AM 9:32  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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2004 MAR -1 AM 9:32  
UNIFORM CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALL RIGHT GROVES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Phillip J. Forget

3125 Gordy Road

Fort Pierce, FL 34945

**Mailing Address:**

Phillip J. Forget

3125 Gordy Road

Fort Pierce, FL 34945

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

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

Joseph H. Noelke Jr.

Name

1300 Hartman Road

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

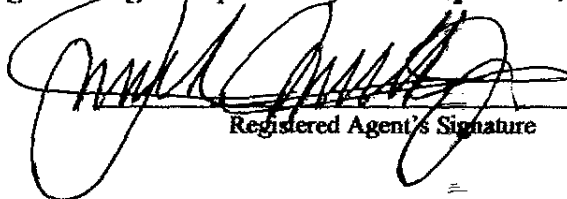
Fort Pierce

FLORIDA

34947-4406

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

**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

Phillip J. Forget

3125 Gordy Road

Fort Pierce, FL 34945

MGRM

Glen A. Barnes Jr.

8715 Seacrest Drive

Vero Beach, FL 32963

MGRM

Dennis J. Noelke

1650 Bell Avenue

Fort Pierce, FL 34982

MGRM

Joseph H. Noelke Jr.

2504 Grey Twig Lane

Fort Pierce, FL 34981

(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.)

Joseph H. Noelke Jr.

Typed or printed name of signee

**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)

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