

L04000076427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

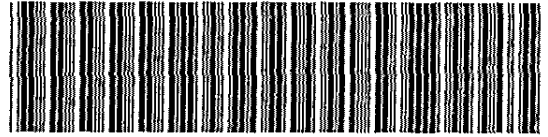
(Business Entity Name)

(Document Number)

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ROBERT A. STERMER

ATTORNEY AT LAW
8585 SOUTHWEST HIGHWAY 200
SUITE 9
OCALA, FLORIDA 34481
E-MAIL: sv1@atlantic.net

TELEPHONE: (352) 861-0447

FACSIMILE: (352) 861-0494

October 12, 2004

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Foxcroft Farms, LLC

Dear Sir or Madam:

With regard to the above-referenced matter, enclosed please find the Articles of Organization for filing along with a check in the amount of \$125.00 representing the filing fee and designation of registered agent.

Please return all correspondence concerning this matter to:

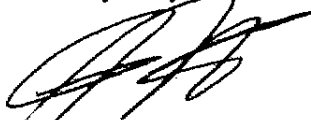
Robert A. Stermer, Esq.
8585 SW Hwy 200
Suite 9
Ocala, FL 34481

For further information concerning this matter, please call:

Robert A. Stermer, Esq.
(352) 861-0447

Should you have any questions in regard to the foregoing, please do not hesitate to contact me. I remain,

Very truly yours,



Robert A. Stermer

RAS/ab
Enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOXCROFT FARMS, LLC

ARTICLE II - Address:

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

Principal Office Address:

325 POGY PLACE
FERNANDINA BEACH, FL 32034

Mailing Address:

PO BOX 15878
FERNANDINA BEACH, FL 32034

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

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

FURMAN O. CLARK, JR.

Name

39 BEACH WOOD ROAD

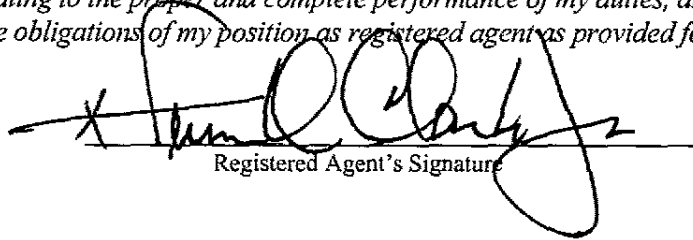
Florida street address (P.O. Box **NOT** acceptable)

AMELIA ISLAND, FL 32035

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

(CONTINUED)

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:

MGRM

FURMAN O. CLARK, JR.

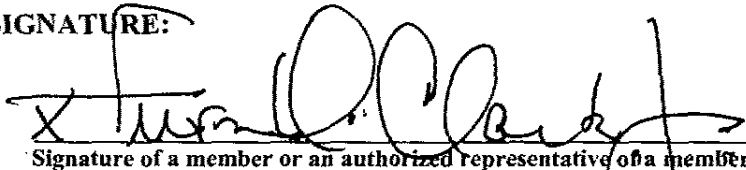
39 BEACH WOOD ROAD

AMELIA ISLAND, FL 32035

(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.)

FURMAN O. CLARK, JR.

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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