

FEB. 2 2005 10:04AM  
Division of Corporations

ROGERS TOWERS

NO. 0000011239

Page 1 of 1

**L050000011239**

Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
Fax Number : (904)396-0663

**LIMITED LIABILITY COMPANY**

**Providence Farms, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

Electronic Filing Menu

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FEB 2 2005 10:05AM

ROGERS TOWERS

NO. 0172 P. 2

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2005 FEB -2 A 11:22

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Providence Farms, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4741 Atlantic Boulevard, Suite B-4  
Jacksonville, Florida 32207

**Mailing Address:**

4741 Atlantic Boulevard, Suite B-4  
Jacksonville, Florida 32207

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

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

Jesse Ellsworth Summers, Sr.

Name

4741 Atlantic Boulevard, Suite B-4

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

Jacksonville FL 32207

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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

FEB. 2. 2005 10:05AM

ROGERS TOWERS

NO. 0172 P. 3

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

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

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2005 FEB -2 A 11: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Jesse Ellsworth Summers, Sr.

4741 Atlantic Boulevard, Suite B-4

Jacksonville, Florida 32207

MGRM

Jesse Ellsworth Summers, Jr.


1838 Van Wert Avenue

Jacksonville, Florida 32205

(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.)

Jesse E. Summers  
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)**