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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ROBERTS, SEWARD & COMPANY PA
Account Number : I20040000178
Phone : (813)225-1040
Fax Number : (813)221-3135

FILED
05 APR -6 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 APR -6 PM 8:07
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Derby Farms, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Patty S. Coone - M001A93F.DCX

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DERBY FARMS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

P.O. BOX 635
ANTHONY, FL 32817

-SAME-

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

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

WILLIAM LEVENS

Name

3000 S. SAN MIGUEL ST.

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

TAMPA

FL

38620

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.

William P. Levens

Registered Agent's Signature

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Page 1 of 2

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

MELINDA G. LEVENS

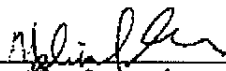
P.O. BOX 635

ANTHONY, FL 32617

(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.)

MELINDA G. LEVENS

Typed or printed name of signer

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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