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Division of Corporations

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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : DAVIS, BROWNING & SCHNITKER, P.A.  
Account Number : I19980000057  
Phone : (850)973-4186  
Fax Number : (850)973-8564

LIMITED LIABILITY COMPANY

OAK GROVE PLANTATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION  
OF  
OAK GROVE PLANTATION, LLC

2005 APR 18 A 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscribers to these Articles of Organization, natural persons, competent to contract, hereby executed these Articles for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is OAK GROVE PLANTATION, LLC.

ARTICLE II

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 420 Lake Shore Drive, Madison, Florida 32340.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is HENRY N. DAVIS, 420 Lake Shore Drive, Madison, Florida 32340.

ARTICLE V.

The only members of this limited liability company are JAMES B. (Jimmy) DAVIS, JR. and HENRY N. (Hank) DAVIS. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

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ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the manager is HENRY N. DAVIS, who shall have the right and authority to manage this limited liability company.

ARTICLE VIII.

The organizing member of this limited liability company is HENRY N. DAVIS.

IN WITNESS WHEREOF, the organizing member has hereunto set his hands and seal this 18 day of April A. D. 2005.

OAK GROVE PLANTATION, LLC

BY: Henry N. Davis  
HENRY N. DAVIS, Organizing member

STATE OF FLORIDA

COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared HENRY N.

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DAVIS, for OAK GROVE PLANTATION, LLC, before me known to be the persons described as the organizer in, and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Organization.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WITNESS my hand and official seal in the County and State named above this

18<sup>th</sup> day of April A. D. 2005.

  
Notary Public

My Commission Expires:



JOYCE A. BROWN  
Notary Public, State of Florida  
My comm. expires Feb. 8, 2008  
Comm. No. DD 076972

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

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IN COMPLIANCE WITH FLA. STAT. 608.415, THE FOLLOWING IS SUBMITTED:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

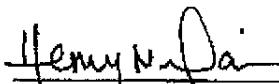
OAK GROVE PLANTATION, LLC, TO ORGANIZE OR QUALIFY UNDER THE LAWS OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 420 LAKE SHORE DRIVE, MADISON, FLORIDA 32340, NAMES HENRY N. DAVIS, WHOSE ADDRESS IS 420 LAKE SHORE DRIVE, MADISON, FLORIDA 32340, AND WHOSE STREET ADDRESS IS 420 LAKE SHORE DRIVE, MADISON, FLORIDA 32340 AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA, FOR SUCH OTHER PURPOSES AS REQUIRED FOR REGISTERED AGENTS.

OAK GROVE PLANTATION, LLC

BY:

HENRY N. DAVIS,  
ORGANIZING MEMBERDated: 4-18, 2005

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF REGISTERED AGENT.

HENRY N. DAVIS  
Registered AgentDated: 4-18-05, 2005

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