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VALION OF CORPORATIONS

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NORMAN C. POLAK ATTORNEY AT LAW

500 NORTHEAST EIGHTH AVENUE OCALA, FLORIDA 34470

TELEPHONE (352)622-7911

FACSIMILE (352)867-5111

June 29, 2005

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: Cross Creek Cattle Company, LLC

Dear Sir/Madam:

Please find enclosed the Transmittal Letter, Articles of Organization and a check in the amount of \$160.00 for above mentioned LLC.

Very truly yours,

Norman Č. Polak

TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Cross Cre	ek Cattle Company, LLC		
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
l annie K	Edwards, III		
Louise K.		Name of Person)	
	(I	value of Person)	
			至
Diversified Land and			
	(1	Firm/Company)	第2 3 1
			76 6
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7817 NW 17	6 Lane		
		(Address)	7.7
larian	Florida 20000		
irvirie,	Florida 32686	A	
	(City/	State and Zip Code)	
For further information c	oncerning this matter, please	call:	
Lonnie K. Edwards		at (352) 427	4550
(Name o	of Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check for	the following amount:		
C fictor on pur		— ••••••••••••••••••••••••••••••••••••	V
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	□ \$155.00 Filing Fe	7 %
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclose	sed) Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
Nations and	TOT A PARINTEGO	سست پرريه	No Appende
	ET ADDRESS:		NG ADDRESS:
	ation Section n of Corporations		ation Section n of Corporations
	Gaines Street	P.O. Bo	
	ssee, Florida 32399		ssee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Cross Creek Cattle Co. LLC	
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
The manner and sales address of the	principal value of the samuel should be onipully is:
Principal Office Address:	Mailing Address:
19314 S. County Road 235	P. O. Box 77
Cross Creek, Fl. 32640	Island Grove,
	FI. 32662
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:
	SE SE
The name and the Florida street address of th	ne registered agent are:
Elizabeth Kay Edwards	ne registered agent are:
Nar	me FE
19314 CR 235	
Florida street	address (P.O. Box NOT acceptable)
Cross Creek,	FL 32640
City, Stat	te, 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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Elizabeth Kay Edwards
	19314 South C. R. 235
	Cross Creek, Fla. 32640
Member	L. K. Edwards, III
	19314 South C. R. 235
	Cross Creek, Fla. 32640
	ALS SERVICE FI
(Use attachment if necessary)	ORION TO
NOTE: An additional article mus	st 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 time.)

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)