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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 SEP -8 P 2:10

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Ana M. Montalvo
833 Cindy Drive
Wellington, Florida 33414

September 1st, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Dreamfield Farm, LLC

Dear Division of Corporations:

Enclosed, please find the Articles of Organization for the above referenced Limited Liability Company along with a check in the amount of \$130.00 for the filing fees, designation of registered agent and Certificate of Status.

Also enclosed is a photocopy of the Articles of Organization. Please return this to the address above with the filing date stamped on it.

Thank you for your considerations.

Sincerely yours,

A M de Montalvo

Ana M. Montalvo

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Encl. Articles of Organization - 2 copies

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

ARTICLE I – NAME

The name of the Limited Liability Company is:

Dreamfield Farm, LLC

ARTICLE II – ADDRESS

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

Principal Office Address:

833 Cindy Drive
Wellington, Florida 33414

Mailing Address:

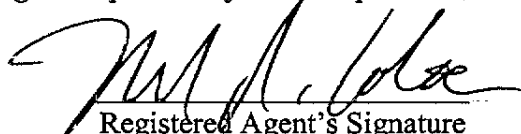
833 Cindy Drive
Wellington, Florida 33414

ARTICLE III – REGISTER AGENT

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

Mark R. Colodne
8177 West Glades Road – Suite 211
Boca Raton, Florida 33434

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, Florida Statutes.


Registered Agent's Signature

SECRETARY OF STATE
TALEAH ASSEE, FLORIDA

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ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

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

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Ana M. Montalvo 833 Cindy Drive Wellington, Florida 33414
Manager	Maria T. Gangotena 833 Cindy Drive Wellington, Florida 33414

REQUIRED SIGNATURE:

A.M. de Montalvo

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.)

Ana M. Montalvo

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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