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(Requ	uestor's Name)
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PICK-UP	WAIT MAIL
(Busii	ness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

Office Use Only

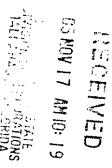


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CORPORATE When you need ACCESS to the world" ACCESS,	
INC. 236 East 6th Avenue . Tallahassec, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666	
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FILING LLC	
1. Hatten Farms LLC (CORPORATE NAME AND DOCUMENT#) 2.	
(CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	
4. (CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
SPECIAL INSTRUCTIONS:	

ARTICLES OF ORGANIZATION HATTEN FARMS, LLC



ARTICLE I - Name of the limited liability company: The name of the Limited Liability Company shall be

HATTEN 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

1383 Oakfield Drive Brandon, Florida 33511

1383 Oakfield Drive Brandon, Florida 33511

ARTICLE III - Resident Agent, Registered Office, & Registered Agent's Signature: The name and street address of the registered agent are:

Michael D. Lawrence 1383 Oakfield Drive Brandon, Florida 33511

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.

Date: 11/07/03

Michael D. Lawrence

ARTICLE IV Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Michael D. Lawrence 1383 Oakfield Drive Brandon, Florida 33511

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.)

Michael D. Lawrence

Typed or printed name of signee