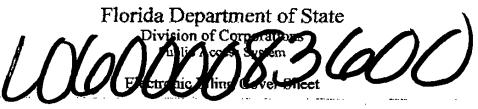
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Division of Corporations

A colored to Attended agen

Fax Number : (850)205-0383

Account Name : POPE & BARLOGA, P.A.

Account Number : 120060000059

Phone : (850)784-9174 Fax Number : (850)784-9175

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COHASSETT FARMS, LLC

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ARTICLES OF ORGANIZATION

OF

COHASSETT FARMS, LLC

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned being authorized to execute and file these Articles, adopts the following Limited Liability Company Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is COHASSETT FARMS, LLC.

ARTICLE II - MAILING ADDRESS AND STREET ADDRESS

The mailing address of the Company is 6723 Old Spanish Trail, Grand Ridge FL 32442 and the street address of the principal office of the Company is 6723 Old Spanish Trail, Grand Ridge, FL 32442.

<u>ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS</u>

The name and street address of the initial registered agent of the Company is Scott B. Barloga, Esq., 438 N. Cove Blvd., Panama City, FL 32401.

ARTICLE IV - MANAGEMENT

The Company shall be manager managed. The initial manager is Florida McMillan, 6723 Old Spanish Trail, Grand Ridge, FL 32442.

J.

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IN WITNESS WHEREOF, the undersigned, as the authorized representative of a member of the company, has executed these Articles of Organization on this 23 day of August, 2006.

Scott B. Barloga

STATE OF FLORIDA COUNTY OF BAY

The foregoing instrument was acknowledged before me this 23 day of August, 2006, by Scott B. Barloga, as the authorized representative of a member of COHASSETT FARMS, LLC, a Florida limited liability company, who is personally known to me.

(SEAL)

KAREN BROWN ADAMS

(Print Name)

Notary Public

KAREN BROWN ADAMS
Notary Public, State of Florida
My comm. expires Sept. 28, 2008
Comm No. DD 358694

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STATEMENT OF ACCEPTANCE AND DESIGNATION OF REGISTERED AGENT COHASSETT FARMS, LLC

STATE OF FLORIDA COUNTY OF BAY

Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is COHASSETT FARMS, LLC.

The name of the registered agent for COHASSETT FARMS, LLC, is Scott B. Barloga, and the street address of the agent is 438 N. Cove Blvd., Panama City, FL 32401.

This statement is to acknowledge that, as indicated above, COHASSETT FARMS, LLC, has appointed me, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this 23 td day of August, 2006.

Scott B. Barloga

Registered Agent

The foregoing instrument was acknowledged before me this 2006, by Scott B. Barloga, who is personally known to me.

KAREN BROWN ADAMS

(Print Name)

Notary Public

(SEAL)

