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| Special Instructions to Filir | ng Officer: | |
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| то: . | Registration Sect Division of Corpo | | • | |
|-------------|--|---|---|---|
| SUBJ | ECT: R D And | erson Landcleari | | |
| | | (Name of Limited | Liability Compa | ny) |
| The er | nclosed Articles of O | rganization and fee(s) are su | bmitted for filing | |
| Please | return all correspond | lence concerning this matter | to the following: | |
| | R. Dean And | derson | | |
| | | (1) | ame of Person) | |
| | R D Anders | on Landclearing a | | ervices |
| | | (F | irm/Company) | |
| | 8 Middlegro | und Rd | | |
| | | | (Address) | |
| | Ocala, Fl 3 | 1482 | | |
| | | (City/ | State and Zip Code |) |
| For fu | rther information cor | ncerning this matter, please of | eall: | |
| · Dea | n Anderson | | at (352 | 362-2653 |
| | (Name of | Person) | (Area Code & Daytime Telephone Number) | |
| Enclo | sed is a check for t | he following amount: | | |
| \$125 | 5.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Cop (additional copy | certificate of Status & |
| - | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati Division Clifton B 2661 Exe | ourier Address on Section of Corporations uilding cutive Center Circle ee. FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | TCI | E.T. | - N | ame: |
|---|----|------|------|------|------|
| л | | 10.1 | | _ 14 | am. |

The name of the Limited Liability Company is:

R D Anderson Landclearing and Site Services LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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: | | | |
|--|--|--------|--|--|
| 8 Middle Ground Rd | P O Box 771656 | | | |
| Ocala, FI 34482 | Ocala, FI 34477-1656 | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the respective to the | egistered agent are: AHASSE ress (P.O. Box NOT acceptable) | nother | | |

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 (REQUIRED)

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" = Manag "MGRM" = Man | | | | | |
| MGRYOWNER | <u>.</u> | Dean Anderson | | | |
| <u> </u> | | 8 Middleground Rd | | | |
| | | Ocala, FI 34482 | | | |
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| (Use attachment i | if necessary) | | | | |
| TICLE V: Effective of | date, if other than the da | te of filing: (| OPTIC | NAL. | .) |
| | ted, the date must be s | pecific and cannot be more than five bu | | | |
| or 90 days after the da | ite of ming.) | | | | |
| REQUIRED SIG | GNATURE: | | | | |
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| | | | ₹ | | |
| | Signature of a member o | r an authorized representative of a member. | SECI | r 80 | |
| | | on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury | RETARY AHASSE | JAN-7 | |
| | R Dean Anders | , | H H H | AM | 971 |
| | | or printed name of signee | STAT | ∷ 3 | |
| | | | | | |

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)