Florida Department of State

Division of Corporations

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(((H08000064340 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SOUTHERN ORGANIC FARMS L.L.C.

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
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Corporate Filing Menu

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M. Thomas MAR 1 3 2008

3/12/2008 1:34 PM

FROM : LAZARUS

H-08000064340

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| SouthERN Organic Farms L.L.C. (Must end with the worlds "Limited Linbility Company, "L.L.C." or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Companyis: Principal Office Address: Mailing Address: |
| Principal Office Address: Mailing Address: |
| 2889 Mcfarlam Road 2889 Mcfarlane Road 3 Mcfarlane Road 3 Mcfarlane Road 5 |
| The name and the Florida street address of the registered agent are: |
| Ricardo CRUZ |
| 2889 McFarlane Road #1118 Florida street address (P.O. Box NOT acceptable) |
| Miami FL 33133 City, State, 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 |

liaving been named as registered agent and to accept service of process for the anove stated timited 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)

(CONTINUED)
Page 1 of 2

H08000064340

| <u> Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGR | Pricardo Cruz Z889 MOFARLANE. Road # 1118 Miami, FC. 33133 |
| | FSEC RECEPTION OF THE PROPERTY |
| | SEE. |
| | |
| (Use attachment if necessary) | · |
| | he date of filing: (OPTIONAL) |
| I.E V: Effective date, if other than the late is listed, the date must days after the date of filing.) | t be specific and cannot be more than five business days pr |
| Tective date is listed, the date must days after the date of filing.) | be specific and cannot be more than five business days pr |
| Tective date is listed, the date must | be specific and cannot be more than five business days pr |

Illing 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)

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Typed or printed name of signee