

LOG 000046600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

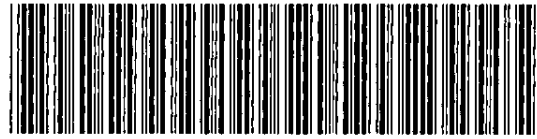
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/09/08--01018--011 \*\*233.75

RECEIVED FILED  
08 MAY -9 AM 11:19 08 MAY -9 PM 1:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAY 9 2008

EXAMINER

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
MAY 9 1:38

**ACCOUNT FILING COVER SHEET**

ACCOUNT NUMBER: 0721 00000 307

REFERENCE: 2540  
(Sub Account)

DATE: 05/09/08

REQUESTOR NAME: ATTORNEYS' TITLE INSURANCE FUND, INC.

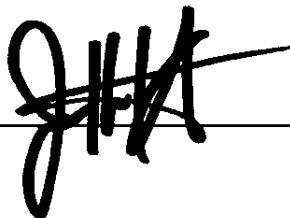
ADDRESS: 1965 Capital Circle NE, Suite A  
Tallahassee, FI 32308

TELEPHONE: 850 - 222-2785 ext. \_\_\_\_\_

CONTACT NAME: Jason Killins

CORPORATION NAME: Grassland Properties, LLC  
Edgar Minerals, INC.

DOCUMENT NUMBER \_\_\_\_\_  
(If applicable)

AUTHORIZATION: 

FILED  
MAY -9 PM 1:38  
TALLAHASSEE, FLORIDA

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 2:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> Pick Up    |
| <input type="checkbox"/> Mail Out           |  |                                     |

FILED  
PM

# ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED  
08 MAY -9 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- Grassland Properties, LLC
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

Walk-in       Pick-up time ASAP       Certified Copy  
 Mail-out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
GRASSLAND PROPERTIES, LLC  
A Florida Limited Liability Company**

FILED  
08 MAY -9 PM 1:38  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I**

**Name**

The name of this Company shall be **GRASSLAND PROPERTIES, LLC.**

**ARTICLE II**

**Duration**

The term of existence of the Company shall be perpetual.

**ARTICLE III**

**Mailing and Street Address**

The street address of the Company is 1850 Highway 17-92 North, Davenport, FL 33837 and its mailing address is P.O. Box 1059, Davenport, FL 33837.

**ARTICLE IV**

**Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: L. Baylis Carnes, III, at 1850 Highway 17-92 North, Davenport, FL 33837.

**ARTICLE V**

**Admission of Additional Members;  
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

**ARTICLE VI**

**Management of Company**

The Company is to be a member managed company.

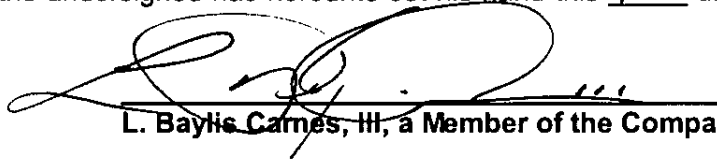
**ARTICLE VII**  
**Amendment of Articles of Organization**

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

**ARTICLE VIII**  
**Transferability of Member's Interest**

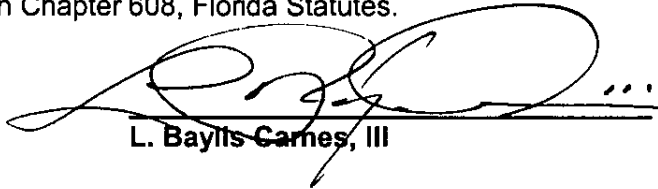
An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 7<sup>th</sup> day of May, 2008.

  
L. Baylis Carnes, III, a Member of the Company

**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

  
L. Baylis Carnes, III

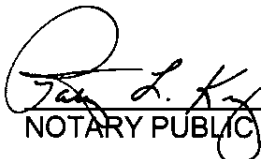
STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of May, 2008, by **L. Baylis Carnes, III**, who is personally known to me or produced \_\_\_\_\_ as identification.

(SEAL)



**Patsy L. King**  
Commission # DD475958  
Expires October 19, 2009  
Bonded Troy Fair - Insurance Inc. 900-385-7011

  
NOTARY PUBLIC

Print Name of Notary

My Commission Expires: