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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

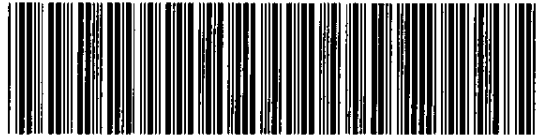
(Business Entity Name)

(Document Number)

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02/09/09--01029--010 **155.00

EFFECTIVE DATE 2/4/09

FILED
09 FEB -9 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 10 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

EFFECTIVE DATE 2/4/09

SUBJECT: Lake Jewel Farms L.L.C.
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Henry Arce
(Name of Person)

Lake Jewel Farms
(Firm/Company)

14611 Mondavi Ct.
(Address)

Tampa, FL 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Arce at (813) 751-9269
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 2/4/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lake Jewel Farms L.L.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Lake Jewel Farms
8705 N. Mobley Rd.
Odessa Fl 33556

Lake Jewel Farms
14611 Mondavi Ct.
Tampa, Fl. 33626

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Henry Arce
Name

14611 Mondavi CT
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL. 33626
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 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..

Henry E. Arce
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Henry Arce
14615 Mondavi Ct
Tampa, Fl. 33626

~~Managing Member~~

~~David Endress~~

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/4/09 filing date (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Henry E. Arce
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.)

Henry E. Arce
Typed or printed name of signee

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)