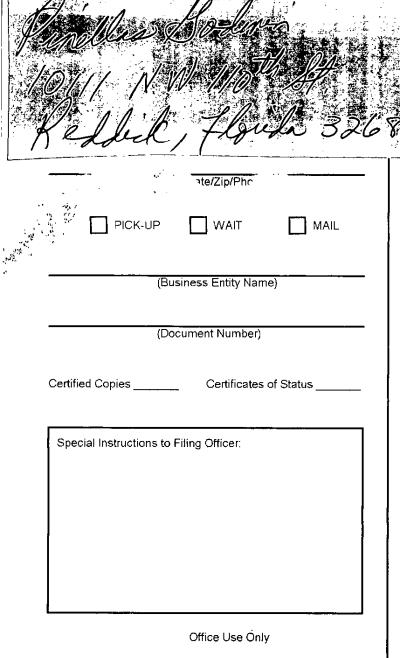
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FILED 2009 MAR 30 AM II: 02 SECRETARY OF STATE

C. LEWIS

MAR 3 1 2009

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Li	imited Liability Compan	y is:		
Rocky Point	Olive Farm "LLC."		a	
		the abbreviation "L.L.C.," or the design		
ARTICLE II - Ad	ldress:			
		he principal office of the Lin	nited	
Liability Company	is:			
Principal Office A	ddress:	Mailing Address:		
Pinellas Godwin	F	Pinellas Godwin		
10111 N. W. 110th S	St 🗾	10111 N, W. 110th St		
Reddick, Florida 326	86	Reddick, Florida 32686	<u> </u>	
Signature: (The Limited Liability Coindividual or another	•	tered Office, & Registered Registered Agent. You must designate	c an	
The name and the I	Florida street address of	the registered agent are:	200 MAR 30	7
	Pinellas Godwin			-
Name			F 9 3	-
	10111 N. W. 110th St		- 25 =	
	Florida street address (P.O. Box NOT acceptable)	AM II: 02 OF STATE EFFLORID	
	Reddick,	FL 32686	-	
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address: 2009 MAR 30 AM	:
"MGR" = Manager	SEGRETARY OF	STA
"MGRM" = Managing Member	MULANABEE. F	LOR
"MGRM"	Pinellas Godwin	E
	10111 N.W. 110th St	
	Reddick, Florida 32686	
"MGRM"	Vivian Robinson	
	932 Cascades Park Trail	
	Deland, Florida 32720	
"MGRM"	Mae Brooks	
·· · · · · · · · · · · · · · ·	17310 N.W. 41 Avenue	
	Miami Gardens, Florida 33055	
	(Use attachment if necessary)	
	(Ose attachment if necessary)	
Sective date: 1) cannot be prior to need to be prior to need to be the florida Departme dective date listed in the attached C	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective	
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