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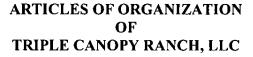
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EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TRIPLE CANOPY R	ANCH, LLC			
**				
			11	
				Art of Inc. File
				LTD Partnership File
		ı	· 	Foreign Corp. File
			<u> </u>	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			✓_	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			 	Fictitious Search
Signature			l	Fictitious Owner Search
				Vehicle Search
			·	Driving Record
Requested by: SETH Name	Date	11:00		UCC 1 or 3 File
		Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier



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ARTICLE I - NAME

The name of the limited liability company is TRIPLE CANOPY RANCH, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

603 Sixth Street, NW

603 Sixth Street, NW

Winter Haven, Florida 33881

Winter Haven, Florida 33881

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

STEVEN TRINKLEIN 603 Sixth Street, NW Winter Haven, Florida 33881

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..

STEVEN TRINKLEIN

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Steven Trinklein 603 Sixth Street, NW

Winter Haven, Florida 33881

REQUIRED SIGNATURE:



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.)

STEVEN TRINLEIN

Typed or printed name of signee