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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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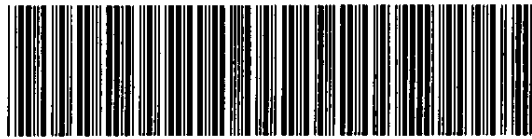
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. CLINE
APR 21 2010
EXAMINER



ITERA USA, Inc.

9995 Gate Parkway N., Suite 400
Jacksonville, FL 32246, USA
Tel.: 904-996-8800, Fax 904-996-8805
www.itera.com

April 19, 2010

VIA UPS AWB# 1ZE1995X0198591590

Registration Section
FL Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301-5020

Re: New LLC Company Formation

Dear Sir/Madam:

Enclosed please find our cover letter for formation of a new Florida limited liability company named "CHESTNUT MOUNTAIN FARMS PROPERTIES, LLC" together with our company check in the amount of \$125.00 for filing fees.

We have also enclosed a photocopy of the Cover Letter which we would like time stamped for filing and returned to us in the postage paid envelope.

Should you have any questions concerning this request, please do not hesitate to contact the undersigned at (904) 996-8800.

Very truly yours,


Barbra Tinkle
Legal Assistant

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Chestnut Mountain Farms Properties, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Dennis A. Foster, Esq.

Name of Person

ITERA USA, Inc.

Firm/Company

9995 Gate Parkway N., Suite 400

Address

Jacksonville, Florida 32246

City/State and Zip Code

barbrat@itera.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbra Tinkle

Name of Person

at (904) 996-8800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chestnut Mountain Farms Properties, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

9995 Gate Parkway N.

Suite 400

Jacksonville, FL 32246

Mailing Address:

9995 Gate Parkway N.

Suite 400

Jacksonville, FL 32246

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:

Daniel B. Nunn, Jr. Esq. c/o Flower White Boggs

Name

50 N. Laura Street, Suite 2800


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

Jacksonville

FL 32202

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)

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TALLAHASSEE, FLORIDA

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:

MGR

Nick Kavalieros

9995 Gate Parkway N., Suite 400

Jacksonville, FL 32246

MGR

Dennis A. Foster

9995 Gate Parkway N., Suite 400

Jacksonville, FL 32246

MGR

Lisa Kavalieros

9995 Gate Parkway N. Suite 400

Jacksonville, FL 32246

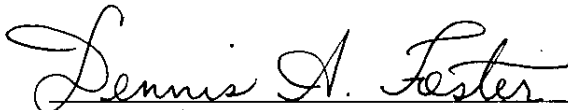
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(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.)

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FLORIDA

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.)

Dennis A. Foster, V.P. Itera USA, Inc. ("Member")

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)