

Aug. 18. 2010 11:33AM

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**FLORIDA LIMITED LIABILITY CO.**  
**Twin Creek Olive Farm LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the Limited Liability Company is:

**Twin Creek Olive Farm LLC**

Effective Date: **August 16, 2010**

**ARTICLE II**

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

**695 Fruit Cove Road**

**Saint Johns, Florida 32259**

The mailing address of the Limited Liability Company is:

**695 Fruit Cove Road**

**Saint Johns, Florida 32259**

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

**ANY AND ALL LAWFUL BUSINESS.**

**ARTICLE IV**

The name and Florida address of the registered agent is:

**Kelly J. Jaxon**

**695 Fruit Cove Road**

**Saint Johns, Florida 32259**

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

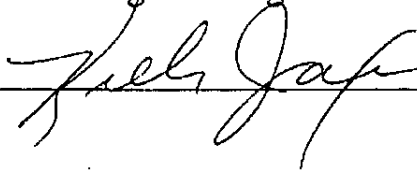
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capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

Registered Agent Signature: \_\_\_\_\_



**ARTICLE V**

The name and address of managing members/managers are:

Title: MGRM  
Kelly J. Jaxon  
695 Fruit Cove Road  
Saint Johns, Florida 32259

Title: MGRM  
Robin A. Inman Jr.  
7726 Cayman Road  
Jacksonville, Florida 32216

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Signature of member or an authorized representative of a member.

Signature: \_\_\_\_\_

Kelly J. Jaxon

8-18-10

Date

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.

Kelly J. Jaxon

Type or printed name of signee

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