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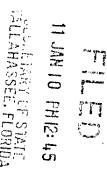
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D. BRUCE

JAN 11 2011

EXAMPLES

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SMITH FARM HOLDINGS, 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:	
CORY B. KRAVIT, ESQ.	
Name of Person	
BAKALAR & ASSOCIATES, P.A. Firm/Company	
·	
150 SOUTH PINE ISLAND ROAD, SUITE 540 Address	
PLANTATION, FL 33324	
City/State and Zip Code	=
ckravit@assoc-law.com	<u></u>
E-mail address: (to be used for future annual report notification)	_ (4~
For further information concerning this matter, please call:)
CORY B. KRAVIT, ESQ. at 954 475-4244	I I
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)}	
Mailing Address Street/Courier Address Registration Section Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SMITH FARM HOLDINGS, 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:

<u>Principal Office Addres</u>	<u>s:</u>	Mailing Address:			
6595 Smith Farm Blvd. Lake Worth, FL 33467		6595 Smith Farm Blvd. Lake Worth, FL 33467			
	cannot serve as its ow	stered Office, & Registered Agent n Registered Agent. You must designate an indi			
The name and the Florida	ı street address o	f the registered agent are:	動意		4.4
BAH	(ALAR & AS	SOCIATES, P.A.	SSE	01 RYC	- Marine
		Name	ing.		,
150	S. Pine Island	d Blvd., Suite 540	Es	:ZI H.d	
	Florida st	reet address (P.O. Box NOT acceptable)			
Plan	tation	_{FL} 33324	DA.	.C)	

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 ull 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..

City, State, and Zip

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager

MGRM	Smith Farm Master Associ	lation, Inc.	
	6595 Smith Farm Blvd.		
	Lake Worth, FL 33467		
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	r than the date of filing:	OPTIONAL	,

ARTIC (If an ef to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Allan Lampert, as President of Smith Farm Master Association, Inc.

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)