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09/23/11--01046--016 **125.00

2011 SEP 23 PH 2: 52

	INC. P.O. Box 3700	236 East 6th Avenue . Tallahassee, Florida 32303 66 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . 1	Fax (850) 222-1666.
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_		(UP: 9/23 Qua	
	CERTIFIED COPY		
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		TE FARM LLC	
_	(CORPORATE NAME AND DOCU	MENT #)	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

CEDAR GATE FARM, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5651 NW 165th Street Reddick FL 32686

P.O. Box 238 Reddick FL 32686

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kevin O'Gorman 5651 NW 165th Street Reddick FL 32686

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, Florida Statutes.

Kevin O'Gorman

ARTICLE IV- Manager(s) or Managing Member(s):

The names and addresses of the Managers are as follows:

Title:

Name and Address:

"MGR"

Kevin O'Gorman P.O. Box 238 Reddick FL 32686

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)

Kevin O'Gorman

Typed or printed name of signee