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(Address)

(City/State/Zip/Phone #)

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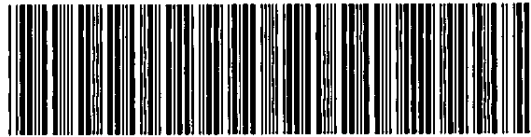
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LLC

1. *Strip And Feed Research, LLC*
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
STRIP AND FEED RESEARCH, LLC**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The undersigned hereby certifies that it is a Member who is forming a Limited Liability Company under Chapter 608, Florida Statutes.

**ARTICLE I.
NAME**

The name of the Limited Liability Company shall be STRIP AND FEED RESEARCH, LLC.

**ARTICLE II.
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually, commencing as of the date on which these Articles of Organization are filed with the State of Florida Department of State.

**ARTICLE III.
PRINCIPAL OFFICE**

The principal office of this Limited Liability Company and the mailing address of this Limited Liability Company is 36225 Covington Road, Dade City, FL 33525.

**ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 36225 Covington Road, Dade City, FL 33525 and the name of its initial registered agent at such address is John L. Wilson.

**ARTICLE V.
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

The undersigned, being the initial Member of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of STRIP AND FEED RESEARCH, LLC.

Executed by the undersigned on November 29, 2012.

JOHN L. WILSON

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapter 621, Florida Statutes, I agree to act in the capacity of Registered Agent for STRIP AND FEED RESEARCH, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED as of November 29, 2012.



JOHN WILSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA