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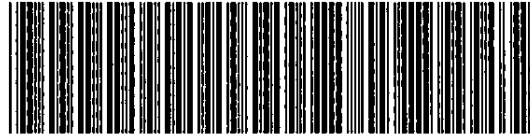
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Jennifer L. Copeland**

3000 NE 5<sup>th</sup> Terrace  
Unit A102  
Fort Lauderdale, FL 33334  
(786) 247-9980  
jennifercopeland@me.com


December 17, 2012

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

Dear Division of Corporations:

Enclosed are our Articles of Organization and check. My address is listed above as well as my direct contact. If you need anything further please contact me via email or phone.

Sincerely,

A handwritten signature in black ink that reads "Jennifer L. Copeland". The signature is written in a cursive, flowing style.

Jennifer L. Copeland

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: South Florida Egg Bank  
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:

Jennifer Leigh Copeland  
Name of Person

South Florida Bank  
Firm/Company

7015 Beracasa Way Suite 201  
Address

Boca Raton, FL 33434  
City/State and Zip Code

jennifercopeland@me.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer L. Copeland at ( 786 ) 247-9980  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

FILED  
12 DEC 28 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

South Florida Egg Bank, 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:

7015 Beracasa Way  
Suite 201  
Boca Raton, FL 33434

### Mailing Address:

\* Same As Principal Office  
Address

## 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:

Jennifer Leigh Copeland  
Name

3000 NE 5th Terrace, Unit A102  
Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale FL 33334  
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..*

Jennifer L. Copeland  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jennifer L. Copeland  
3000 NE 5th Terrace Unit A102  
Ft. Lauderdale, FL 33334

MGRM

Dr. Mark Denker  
7015 Bergacasa Way #201  
Boca Raton, FL 33434

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

**REQUIRED SIGNATURE:**

Jennifer L. Copeland  
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.)

Jennifer Leigh Copeland  
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)**