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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Pr	oduce Parr Name of Limit	d Grove, LLC.	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	rc E. Hall	Name of Person	
	roduce Bar	n & Grove, LLC	
	1836 Hw	Address South	
	Pomora Pa	Y State and Zip Code	
	E-mail address: (to be used t	or future annual report notification)	
For further information	concerning this matter, please	eall:	
Marc E	E. Hall of Person	at (<u>386</u>) <u>972 – 3</u> Area Code & Daytime Telep	2834 Hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fec	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	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

The name of the Limited Liability Company is:				
Produce Parn 8 (Grove 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:				
1836 Husell South Pomona Park, Fl 32181 Pomona Park, Fl 32181				
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:				
MArc E Itall Name				
1836 Hwy 17 South Florida street address (P.O. Box NOT acceptable)				
Homona Yark FL 32181 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.				

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGRM	MARC E Hall PO Box 8600 Pomona Bork, FL 32181
MGRM	Wayde D. Alford 3305 SR 207 Elkton, FL 32033
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)	he date of filing: (OPTION ast be specific and cannot be more than five busin
REQUIRED SIGNATURE:	

Signature of a member of 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.)

Marc E Hall
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)