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(City/State/Zip/Phone #)

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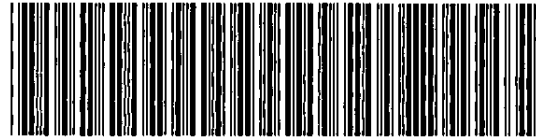
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1. Dak Lane Farms Ocala, LLC  
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(CORPORATE NAME AND DOCUMENT #)
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(CORPORATE NAME AND DOCUMENT #)
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6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KLEIN & KLEIN, LLC**

Attorneys at Law

40 Southeast 11<sup>th</sup> Avenue

Ocala, Florida 34471

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR.

LAWRENCE C. CALLAWAY, III

PHONE (352) 732-7750

FAX (352) 732-7754

May 23, 2016

**TO: Registration Section  
Division of Corporation**

**RE: OAK LANE FARMS OCALA, LLC**

**The attached Articles of Organization and fees are submitted for filing.**

**The following is the email address for the LLC:**

**[rjconnor@bellsouth.net](mailto:rjconnor@bellsouth.net)**

**For further information concerning this matter, please call**

**Joyce Henry at (342) 732-7750**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**OAK LANE FARMS OCALA, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2237 Monet Road  
North Palm Beach, FL 33410

**Mailing Address:**

2237 Monet Road  
North Palm Beach, FL 33410

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

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

ROBERT J. CONNOR  
2237 Monet Road  
North Palm Beach, FL 33410

*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 605, Florida Statutes.*

  
\_\_\_\_\_  
ROBERT J. CONNOR

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

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

"MGR"

Robert J. Connor  
2237 Monet Road  
North Palm Beach, FL 33410

"MGR"

Viviane D. Connor  
2237 Monet Road  
North Palm Beach, FL 33410

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

**ROBERT J. CONNOR**

\_\_\_\_\_  
Typed or printed name of signee

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