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From:
Account Name : YOUR CAPITAL CONNECTION, INC.
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FLORIDA PROFIT CORPORATION OR P.A.

Adams MD Farm, Inc.

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Capital Connection, Inc.

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CAPITAL CONNECTION

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ARTICLES OF INCORPORATION
OF

Adams MD Farm, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Adams MD Farm, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 6834 NW 44th Street, Jennings, FL 32053.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of one-dollar (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Bonny Scaff, Esquire, 215 NE 2nd St., Jasper, FL 32052.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is **P/ Michael D. Adams, VP/S/T Jennifer B. Adams, 6834 NW 44th Street, Jennings, FL 32053.**

The undersigned has executed these Articles of Incorporation this 18th day of June 2003.

"Capital Connection, Inc. by Leilani White, Client Representative"

Leilani White

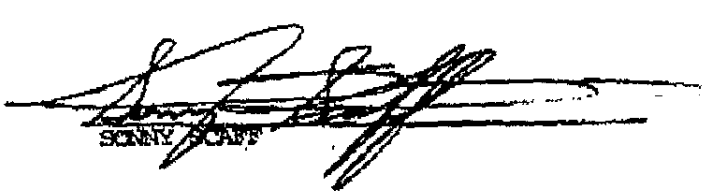
H03000216318 3

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0301, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Adams MD Farm, Inc.
2. The name and street address of the registered agent and office is: Sonny Scuff, 215 N.E. 2nd St., Jasper, FL 32052

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.


SONNY SCUFF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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