Filing Fee: \$150.00

ID Number:	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:					
	Services to Agriculture I, LLC					
2.	. The name, if different, under which it proposes to register and transact business in Rhode Island is:					
3.	. The limited liability company is organized under the laws of Florida					
4.	. The date of its organization is May 19, 1999					
5.	5. The period of duration of the limited liability company is (if perpetual, so state) perpetual					
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	155 South Main Street, Suite 301	Providence	, RI	02903		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Code)		
	and the name of the resident agent at such address is	C T Corpora	ation System			
		(Name of Agent)				
7.	The secretary of state is appointed the agent of the foreign I time there is no resident agent or if the resident agent cannot diligence.	imited liability company be found or served follo	for service wing the exe	of process if at ercise of reasons	any able	
8.	The address of any office required to be maintained in the limited liability company is organized is:	state or other jurisdicti	on under the	a laws of which	the	
	3660 Central Ave., Suite 4, Ft. Myers, FL 33901			<u> </u>		
	A					
9.	The mailing address for the limited liability company is:			9		
	3660 Central Ave., Suite 4, Ft. Myers, FL 33901				`	
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	r:	-E <i>U</i>				

Form No. 450 Revised: 12/05

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10.	Management of the Limited Lie	ability Company:
A.	The limited liability company is no. 11.)	s to be managed by its members. (If you have checked this box, go to item
		<u>or</u>
В.	The limited liability company company has managers at address of each manager.)	is to be managed by one (1) or more managers. (If the limited liability the time of the filing of these Articles of Organization, state the name and
	<u>Manager</u>	<u>Address</u>
Er	ric G. Huff	611 West Main St. Clarkson Ky 42726
_		
_	-	
 11. Th au	is application is accompanied b thorized officer of the jurisdiction	y a certificate of good standing duly authenticated by the secretary of state or other n under which the foreign limited liability company was organized.
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.
Date.	11/19/09	Services to Agriculture I, LLC
D 4.0.	*****	Print Exact Name of Limited Liability Company Making Application
		Signature of authorized person

State of Florida Department of State

I certify from the records of this office that SERVICES TO AGRICULTURE I, L.L.C. is a limited liability company organized under the laws of the State of Florida, filed on May 19, 1999.

The document number of this limited liability company is L9900002970.

I further certify that said limited liability company has paid all fees due this office through December 31, 2009, that its most recent annual report was filed on January 7, 2009, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Fifth day of November, 2009

Secretary of State



Authentication ID: 900163141989-112509-L99000002970

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

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