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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

Phone : (305) 552-5973

Fax Number : (305) 675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. GREEN DEPOT PRODUCE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JUN-207 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>ARTICLE I</u>	<u>- Name:</u>		
The name of LL.C.," or "LLC."	the Limited Liability Company is: (Must end with the words Limited Liability Co	трапу,	
	Green Depot Produce, LLC		
ARTICLE I	I - Address:		
	address and street address of the principal office of the Limited Li	ability	
Company is:	7508 SW 189 St	_	
	Miami Fl 33157	-	
		_	
— Артист в 1	II - Registered Agent, Registered Office:		
The name a	nd the Florida street address of the registered agent are: (The Limited of serve as its own Registered Agent. You must designate an individual or another busing lorida registration.)	l Liability ness entity	
			٠
	2508 SW 189 ST	_	
	Jorge F. Gonzalez 7508 Sw 189 Of Miami FC 33157	-	
ARTICLE :		•	
	nd title of each person authorized to manage and control the Limit	ed	
	Jorge F. Gonzaliz MGRM		
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Required Signatures:

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

In accordance with section 605.0203 (1) (b), 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.

Jorge F. Gonzalez

Typed or printed name of signee

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 bereby 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, F.S..

Registered Agent's Signature (REQUIRED)

2014 JUN 26 AH 8: 01
SECRETARY OF STATE
SECRETARY OF STATE