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TALLAHASSEE, FLORIDA

R. BOSTICK

OCT 29 2014

EXAMINER

Patricia R. Mueller, P.A.

Attorney at Law

3900 Lake Center Drive, Suite A-5
Mount Dora, Florida 32757
Telephone (352) 735-3111
Facsimile (352) 735-3011

October 27, 2014

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Organization of
Mapapa's Rental Highway 42, LLC
Mapapa's Rental East Lake Weir, LLC and
Mapapa's Citrus, LLC

Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization for the above-named company. Please file the original Articles and certify the enclosed copy as the certified copy, and return same to me. Enclosed is my firm's check in the sum of \$465.00 to cover the filing costs, as follows:

1. Filing Fee/Designation of Resident Agent for each of 3 LLCs	\$375.00
2. Certified Copies of each of 3 LLCs	\$ 90.00
Total	\$465.00

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The contact information for all 3 of the LLCs is as follows:

1. Telephone: 352-821-2520
2. Email address: None

Please do not hesitate to contact me if you have any questions.

Yours very truly,



Patricia R. Mueller

PRM/psc
Enclosures

ARTICLES OF ORGANIZATION
FOR
MAPAPA'S CITRUS, LLC

A Florida Limited Liability Company

ARTICLE I
Name

The name of the limited liability company is MAPAPA'S CITRUS, LLC.

ARTICLE II
Address

The street address and mailing address of the principal office of the limited liability company is:

Principal Office Address:
13950 SE Highway 42
Weirsdale, FL 32195

Mailing Address:
PO Box 597
Weirsdale, FL 32195

ARTICLE III

Registered Agent, Registered Office, And Registered Agent's Signature

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

Stanley R. Dudley
13950 SE Highway 42
Weirsdale, FL 32195

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.

Stanley R. Dudley
STANLEY R. DUDLEY

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ARTICLE IV
Management and Control

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Stanley R. Dudley
P.O. Box 597, Weirsdale, Fl 32195

AMBR

Kathleen O. Dudley
P.O. Box 597, Weirsdale, Fl 32195

ARTICLE V
Effective Date

The effective date of this limited liability company is the date of filing.

Date: 10-27-14

Stanley R. Dudley
Stanley R. Dudley, Authorized Member

Date: 10-27-14

Kathleen O. Dudley
Kathleen O. Dudley, Authorized Member

(In accordance with § 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 § 817.155, F.S.)

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