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TSCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 167309 4307846 AUTHORIZATION : (COST LIMIT : ORDER DATE: June 6, 2016 ORDER TIME : 3:44 PM ORDER NO. : 167309-005 CUSTOMER NO: 4307846 DOMESTIC FILING NAME: VH FARMS FLORIDA, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY _____ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender - EXT.62956

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMÍTED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
VH Farms Florida, LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the	he Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3386 B Road Loxahatchee Groves, FL 33470	c/o Larry Rogers 15260 Ventura Blvd., Suite 1750 Sherman Oaks, CA 91403	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are	·e:	
Corporation Service Company	y	
Name		
1201 Hays Street		
Florida street address (P.O. Bo	ox NOT acceptable)	
Tallahassee, FL 32301		
City Stat	ate Zip	
Having been named as registered agent and to accept service of proceed designated in this certificate, I hereby accept the appointment of further agree to comply with the provisions of all statutes relating to a semiliar with and accept the obligations of my position as register. Corporation Service Company. By: Registered Agent	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I ered agent as provided for in Chapter 605, F.S.	ıt
	16 JUN -6 AM 8: 27 SECRETARY OF STATE ALLAHASSEE, FLORID	
	8: 27 STATE LORID	

Title: "AMBR" = Autho		Name and Address:	
"MGR" = Manage	er 		
		:	
		; 	
			
(7.1 1	necessary)		
(Use attachment if		;	
CLE V: Effective date effective date is listed to of filing.) If the date inserted in	I, the date must be specific and	. (OPTIONAL) I cannot be more than five business days prior to or 90 d pplicable statutory filing requirements, this date will not be records.	•
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