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TRANSMITTAL LETTER

Department of State  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, FL 32399  
(850) 487-6051

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-09/07/00--01069--015  
\*\*\*\*160.00 \*\*\*\*160.00

SUBJECT: MOUNTAIN GROWERS, LLC

Enclosed is an original and one (1) copy of the articles of organization for Florida limited liability company and a check for:

\$160.00 (Filing Fee, Designation of Registered Agent, Certified Copy and Certificate Status).

From: Amadeo Lopez-Castro III, Esq.  
901 Ponce De Leon Blvd., #304  
Coral Gables, FL 33134  
(305) 441-2401

FILED  
00 SEP -7 PM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu  
9/8

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MOUNTAIN GROWERS LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

901 Ponce De Leon Blvd., Suite 304  
Coral Gables, FL 33134

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Amadeo Lopez-Castro III, Esq.

Name

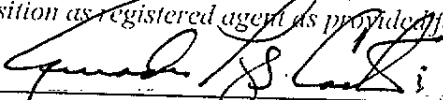
901 Ponce De Leon Blvd., #304

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33134

City, State, and Zip

*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 608, F.S.*



Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NESTOR GONZALEZ

Typed or printed name of signee

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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