

L01000000 8852

RICHARD L. SHICK
915 North Jerico Drive
Casselberry, FL 32707
(407) 699-4435

MJH

May 28, 2001

000004336240--9

-05/31/01--01071--002

****160.00 ****160.00

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

5/31

To Whom It May Concern:

In accordance with the instructions for forming a Florida Limited Liability Company, please find enclosed the following:

- 1) Articles of Organization for Florida Limited Liability Company
- 2) Check number 384 in the amount of \$160.00 for the following fees:
 - A. Filing Fee for Articles of Organization \$100.00
 - B. Designation of Registered Agent \$ 25.00
 - C. Certified Copy \$ 30.00
 - D. Certificate of Status \$ 5.00


The name of the company I wish to establish will be R&N Produce, LLC.

The following is my name, address and daytime telephone number:

Richard L. Shick
915 North Jerico Drive
Casselberry, FL 32707
(407) 699-4435 or (407) 353-3996

Thank you for your prompt attention to this matter.

Richard L. Shick



Managing Member

FILED
01 MAY 31 PM 4: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R&N Produce, LLC

ARTICLE II - Address:

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

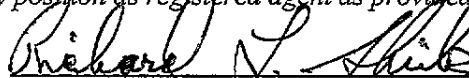
c/o Richard L. Shick
915 N. Jerico Drive
Casselberry, FL 32707

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

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

Richard L. Shick	_____
Name	
915 N. Jerico Drive	_____
Florida street address (P.O. Box NOT acceptable)	
Casselberry	FL 32707
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..

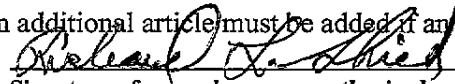


Registered Agent's Signature

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)



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.)

Richard L. Shick

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)

01 MAY 31 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED