

FROM: JAY WATKINS
Division of Corporations

FAX NO. : 18636754521

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : JOHN JAY WATKINS
Account Number : T1999000060
Phone : (863)675-4424
Fax Number : (863)675-4521

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AL

LIMITED LIABILITY COMPANY

TRIPLE F HARVESTING, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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**Articles of Organization
Of
TRIPLE F HARVESTING, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1. The name of the Limited Liability Company is: **TRIPLE F HARVESTING, LLC.**
 2. The mailing address and the street address of the principal office of the limited liability company are:
 - a. Mailing address: P.O. Box 2727, LaBelle, Florida, 33975.
 - b. Street Address: 301 Spanish Trail SW, LaBelle, Florida, 33935.
 3. The name and street address of the initial registered agent for service of process in the state is: **Juan P. Flores, 301 Spanish Trail SW, LaBelle, Florida, 33935.**
 4. The purpose of the Limited Liability Company is to engage in any lawful act or activity for which the limited liability companies may be formed under the Limited Liability Company Act of the State of Florida (the "Act"), except (a) rendering "professional services" as defined in the Act; and (b) transacting the business of an insurance company or a surety or indemnity company. Except as expressly provided, the foregoing statement is not intended to limit or restrict in any manner the exercise of all powers conferred upon the Limited Liability Company by the Act.
 5. The latest date upon which the Limited Liability Company will dissolve shall be fifty (50) years from the date of filing these articles of organization with the

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Florida Secretary of State.

6. The business and affairs of the Limited Liability Company will be managed by the members.

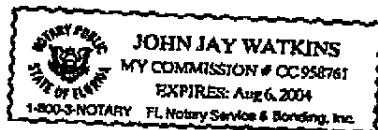
Dated June 12, 2001


JUAN P. FLORES

STATE OF FLORIDA
COUNTY OF HENDRY

I HEREBY CERTIFY that on this 12th day of June, 2001, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared JUAN P. FLORES, to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

(Notary Seal)




Notary Public
My Commission Expires:

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FROM: JAY WATKINS

FAX NO. : 18636754521

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

That TRIPLE F HARVESTING, LLC, desiring to organize under the laws of the State of Florida, with its principal office located at 301 Spanish Trail SW, LaBelle, County of Hendry, Florida, 33935, has named JUAN P. FLORES, located at 301 Spanish Trail SW, LaBelle, County of Hendry, Florida, 33935, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above-named limited liability company, at the place designated in this certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida law relative to keeping the designated office open.


JUAN P. FLORES
Registered Agent

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