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# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Wumber

: (850)205-0383

From:

Account Name : FRANK H. FEE, III, ESQUIRE

Account Number : I19990000154 : (561)461-5020 Fax Number : (561)468-8461

# LIMITED LIABILITY COMPANY

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: AGRICULTURAL PRODUCTION MANAGEMENT, LLC

#### ARTICLE II - Address:

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

Mailing Address:

Post Office Box 370

Okeechobee, Florida 34973

Street Address:

30395 NW 72nd Avenue Okeechobee, Florida 34972

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

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

FRANK H. FEE, III, ESQUIRE 401 South Indian River Drive Fort Pierce, Florida 34950

Having been named as registered agent and to accept service of process for the above stated limited of 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 agent 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:

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

Signature of 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.)

#### FRANK H. FEE. III, ESOUIRE

Typed or printed name of signee