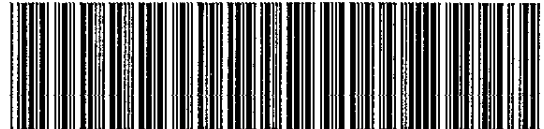


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03 MAR 20 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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03/20/03--01021--004 **125.00

AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

VANDERPOOL, FROSTICK & NISHANIAN, P.C.

ATTORNEYS AT LAW
SUITE 400
9200 CHURCH STREET
MANASSAS, VIRGINIA 20108
703-369-4738
FAX 703-369-3653
E-MAIL INFO@VFNLAW.COM

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03 MAR 20 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 17, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

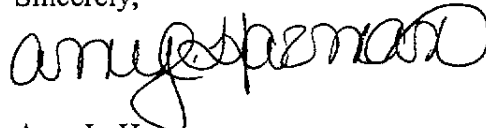
Re: Articles of Organization
La Mission Farms, LLC

Dear Sir or Madam:

Enclosed are the Articles of Organization for the above-referenced entity to be filed with your office. Also enclosed is a check in the amount of \$125.00 to cover the requisite filing fees.

If you have any questions or concerns, please do not hesitate to contact me. I appreciate your assistance in this matter.

Sincerely,



Amy L. Harman

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

03 MAR 20 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Mission Farms, LLC

ARTICLE II - Address:

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

13295 60th Street South

Wellington, Florida 33467

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

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

Christiane C. Kohn

Name

13295 60th Street South

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

Wellington,

FL 33467

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

(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.)

Christiane C. Kohn

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)