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To:

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From:

Account Name : RAFFERTY, HART, STOLZENBERG, GELLES & TENENHOLTZ, P.A
Account Number : I20000000207
Phone : (305) 373-0330
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LIMITED LIABILITY COMPANY

AGRIPOST DADE COUNTY, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION**OF****AGRIPOST DADE COUNTY, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be AGRIPPOST DADE COUNTY, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 1714 Hoban Road N.W., Washington, DC 20007.

ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in the regulations adopted by the members.

ARTICLE IV - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

Brian A. Hart
Florida Bar No. 259632
Rafferty, Hart, Stolzenberg,
Gelles & Tenenholz, P.A.
1401 Brickell Avenue
Suite 825
Miami, Florida 33131
(305)373-0330

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ARTICLE V - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Brian A. Hart, Rafferty, Hart, Stolzenberg, Gelles & Tenenholtz, P.A., Suite 825, 1401 Brickell Avenue, Miami, Florida 33131.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization at Miami, Florida for the foregoing uses and purposes this 28th day of JUNE, 2004.

Agripost Dade County, LLC

By: B A Hart

Brian A. Hart, Authorized Representative of a Member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: AGRIPPOST DADE COUNTY, LLC
2. The name and address of the registered agent and office is:

Brian A. Hart
Rafferty, Hart, Stolzenberg, Gelles & Tenenholtz, P.A.
Suite 825
1401 Brickell Avenue
Miami, Florida 33131.

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.

B A Hart
Brian A. Hart