

H050000/6386

(3)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

2/16

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000040207 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

MJH

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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

DF Commodity Distributors LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
05 FEB 16 AM 8:06
DIVISION OF CORPORATION

FILED
05 FEB 16 PM 3:03
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **DP Commodity Distributors LLC**

ARTICLE II - Address

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

Principal Office Address:608 Honeysuckle LaneWeston, FL 33327**Mailing Address:**608 Honeysuckle LaneWeston, FL 33327**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Peter Reid

Name

608 Honeysuckle Lane(P.O. Box or Mail Drop Box NOT Acceptable)Weston, FL 33327

(City / State / 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 - Peter Reid

05 FEB 16 PM 5:03

FILED

NOT A VALID DOCUMENT
FOR RECORDING

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:


Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMPeter Reid- 608 Honeysuckle Lane, Weston, FL 33327MGRMColin Hutchinson- 4361 NW 174 Drive, Miami, FL 33327

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Peter Reid

Typed or printed name of signee