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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EKC Citrus Grown	ers, LLC		
(Name of Limited	SUBJECT: EKC Citrus Growers, LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Erik E. Olson (Name of Person)			
4)	iame of Person)		
EKC Citrus Growers LLC (Firm/Company)			
(F	irm/Company)		
3088 SW Fende	er Avenue		
	(Address)		
Arcadia F1 34266			
Arcadia, FL 34266 (City/State and Zip Code)			
For further information concerning this matter, please call:			
File Finales	0/2 //40 - 771/		
Erik E. Olson (Name of Person)	at (863) 494 - 7716 (Area Code & Daytime Telephone Number)		
(Trailed 1 2 3 2 5 15)	( The Code as Say time Temphone Transport)		
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	Continue Copy		
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EKC Citrus Growe	ers, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
EKC Citrus Growers, LLC 3088 SW Fender Avenue Arcadia, FL 34266	EKC Citrus Growers, LLC 3088 SW Fender Avenue Arcadia, FL 34266	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re	egistered agent are:	
Erik E. Olson		
Name		
3088 SW Fender	Avenue	
Florida street address (P.O. Box NOT acceptable)		
Arcadia, City, State, a	FL 34266 nd Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	sccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Page 1 of 2

Registered Agent's Signature

#### ARTIÇLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM_	Emmanuel K. Christophel	
	9056 NW Keen Street	
	Arcadia, FL 34266	
MGRM	Thomas D. Cain	
	7192 Environmental Lab Street	
	Arcadia, FL 34266	
	mal F Olive	
MGRM	Erik E. Olson 3088 SW Fender Avenue	
	Arcadia, FL 34266	
MGRM	Frederick K, Olson	
	15 West Circle Street	
	Avon Park, FL 33825	
MGRM	Durial M. Sancania	
(Use attachment if necessary)	Daniel M. Sensenia 7192 Environmental Lab Street	
	Arcadia, FL 34266	
NOTE: An additional article must be added if an effective date is requested.		

REQUIRED SIGNATURE:

Eik E. Olon 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.)

Erik E. Olson

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)