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P.01 rage 1 of 1

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

LIMITED LIABILITY COMPANY

International Agronomy Services, LLC

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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJI	CT: Internation	al Agronomy Services, LLC (Name of Limited	I Liability C	ompany)	
The en	closed Articles of	Organization and fee(s) are so	ibmitted for	filing.	
Please	return all corrasp	ondence concerning this mate	r to the follo	wing:	
			vid F. Water		
		()	Name of Perso	m)	
		Shumaker,	Loop & Ker	ndrick, LLP	
		(Fhm/Compan	y)	
		100	O Jackson S	reet	
			(Address)		
		Tole	edo. Ohio 4	3624	
			State and Zip		
For fu	ther information	concerning this matter, please	call:		
David	F. Waterman		at (419	241-9000	
		o (Person)	(Azer	Code & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount:			
¥ 512:	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Divi Clif 266	et/Courier Addressistation Section ision of Corporation ton Building I Executive Center ahassee, FL 32301	r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam			
The name of the Lir	nited Liability Compa	ny is:	
International Agronomy	y Services, LLC		
(Must end with the words	"Limited Liability Company,	"Limited Company" or their abbreviation "LLC,"	or T.C,")
ARTICLE II - Ado	iress:		
-		the principal office of the Limited Liab	bility Company is:
Principal Office Ac	<u>idress:</u>	Mailing Address:	
4460 Legendary Drive,	Ste. 400	P.O. Box 579	
Destin, Florida 32541		Destin, Florida 32540	
(The Limited Liability Corbusiness entity with an ac	mpnny cannot serve as its own tive Florida registration.) lorida street address of Mich	stered Office, & Registered Agent's a Registered Agent. You must designate an individual fithe registered agent are; saet H. Robbins Name	FIL SECINLIAN TALLAHAS
		eet address (P.O. Box NOT acceptable)	
		, Florida 33602	AM 10: 22 SEE, FLORID
•		State, and Zip	
liability compan registered agent and statutes relating to	y at the place designated agree to act in this can the proper and complete ations of my position as	nd to accept service of process for the aced in this certificate. I hereby accept the pacity. I further agree to comply with the ete performance of my duties, and I am s registered agent as provided for in Charles. Signature (REQUIRED)	s appointment as the provisions of all familiar with and

(CONTINUED)
Page 1 of 2

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Title: "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:	
<u> </u>			
	<u> </u>		
			
	•		
	nt if necessary)	r date of filing:	(OPTIONAL)
CLE V: Effective date is the days after the	ve date, if other than the listed, the date must b	e date of filing: (e specific and cannot be more than five by	(OPTIONAL) usiness days prior
CLE V: Effective date is the days after the	ve date, if other than the listed, the date must be date of filing.)	e specific and cannot be more than five by	usiness days prior
CLE V: Effective date is the days after the	listed, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member	Expecific and cannot be more than five by Later Control of a member.	usiness days prior
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Page 2 of 2

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