

L06000020594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

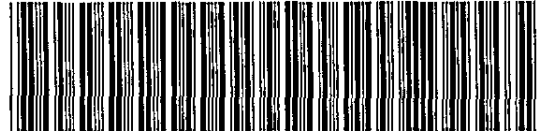
(Document Number)

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*[Handwritten signature]*

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2006 FEB 24 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 24 PM 1:04

DIVISION OF REGISTRATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 885784 4311863

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$1125.00

FILED  
2006 FEB 24 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 23, 2006

ORDER TIME : 12:30 PM

ORDER NO. : 885784-005

CUSTOMER NO: 4311863

DOMESTIC FILING

NAME: AMERICUS BEANS ACQUISITION,  
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2006 FEB 24 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Americus Beans Acquisition, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2700 N. Military Trail

Suite 410

Boca Raton, FL 33431

**Mailing Address:**

2700 N. Military Trail

Suite 410

Boca Raton, FL 33431

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

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

Andrew Schwartz

Name

2700 N. Military Trail, Suite 410

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

Boca Raton

FLORIDA 33431

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

**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:**

MGRM

Andrew Schwartz

2700 N. Military Trail, Suite 410

Boca Raton, FL 33431

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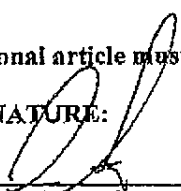
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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

By: Andrew Schwartz

\_\_\_\_\_  
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)