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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

JAN 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL CHAPARRAL PRODUCE AND MORE, 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:

LETICIA BONILLA		
	(Name of Person)	
	(Firm/Company)	
P.O. Box 849		08 JAN 18
	(Address)	2
Gibsonton, FL 33534		8
(Ci	ity/State and Zip Code)	3
For further information concerning this matter, pleas	se call:	2:39
LETICIA BONILLA	at (813) 741-0989	
(Name of Person)	(Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing I Certificate of St Certified Copy (additional copy is enclosed)	atus &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EL CHAPARRAL PRODUCE AND MORE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
5521 East SR 60	P.O. Box 849	
Plant City, FL 33567	Gibsonton, FL 33534	_
	s of the registered agent are:	
3211011100	Name	A ORE
11915 Mess		39
Florida	a street address (P.O. Box NOT acceptable)	0
Gibsonton,	FL 33534	
	ity State and 7 in	

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 (REQUIRED)

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

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

MGRM	ALBERTO BONILLA	
	11915 Messler Road	
	Gibsonton, FL 33534	
MGRM	WILBERT G. ARIAS	
	4304 East Knights Griffing Road	
	Plant City, FL 33565	
		08 JAN 18 FF
		3
Use attachment if necessary)		
LE V: Effective date, if other than the	ne date of filing: (0	OPTIONAL
	be specific and cannot be more than five bu	

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.)

.BERTO BONILLA

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)