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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO

PLANTOX LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

PLANTOX, LLC

**ARTICLE II      ADDRESS**

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

8615 COMMODITY CIR, SUITE 4

ORLANDO, FLORIDA 32819

**ARTICLE III      REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

JOSE F. SILVA

8615 COMMODITY CIR, SUITE 4

ORLANDO, FLORIDA 32819

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FLORIDA  
SECRETARY OF STATE

Having been named as registered agent 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.

X \_\_\_\_\_  
JOSE F. SILVA / Registered Agent's signature

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PLANTOX, LLC

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

**ARTICLE V MANAGERS (optional)**

MANAGER

JOSE F. SILVA

8615 COMMODITY CIR, SUITE 4  
ORLANDO, FLORIDA 32819

MANAGER

CLAUDIA I. CARDENAS

8615 COMMODITY CIR, SUITE 4  
ORLANDO, FLORIDA 32819

**ARTICLE VI MEMBERS (optional)**

MEMBER

JOSE F. SILVA

8615 COMMODITY CIR, SUITE 4  
ORLANDO, FLORIDA 32819

X

Signature of a member or an authorized representative of the 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.

JOSE F. SILVA

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