#### Florida Department of State

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A. C. PRODUCE LLC

ORIDA/FOREIGN LIMITED LIABILITY CO.

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**EXAMINER** 

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EFFECTIVE DATE

12/31/2008 12:02 PM

## H08000282165

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
A.C. Produce LL	C
(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 Lia	bility Company is:
Principal Office Address: Mailing Address:	
1380 NW 2351 73595W 105 Migmi 1 Fl. 33142 Migmi 1 Fl. 331	PL 73
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individed husiness entity with an active Florida registration.)	Signature: 8
The name and the Florida street address of the registered agent are:	ARY SSE
Andres Campillo	The E In
Name  7359 SW 105 PL  Florida street address (P.O. Box NOT acceptable)  Migmi FL 33173  City, State, and Zip	U::57 STATE ORIDA
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this dertificate. I hereby accept the registered agent and agree to act in this capacity. If urther agree to comply with statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my positive as registered agent as provided for in Ch	e appointment as the provisions of all familiar with and
Registered Agent' Signature (REQURED)	
EFFECTIVE DATE 1-1-09 (CONTINUED) Page 1 of 2	,

FAX NO. :3052201440

### H08000282165

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" - Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 01-01-09 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** or an authorized representative of a member. Signature of a member (In accordance with acction 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.) Audres Caupells 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)

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