

**LD9000051108**

Florida Department of State  
Division of Corporations  
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**L. SELLERS**

MAY 27 2009

**EXAMINER**

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

From:  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**HAPPY HARVESTING, LLC**

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

**HAPPY HARVESTING,LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**HAPPY HARVESTING,LLC**

ARTICLE II - ADDRESS

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

**645 NE 150ST**

**MIAMI FL,33161**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

**CYNTHIA CARTER**

**645 NE 150 ST**

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

**MIAMI FL,33161**

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,  
hereby accept the appointment as registered agent and agree to act in this

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

CYNTHIA CARTER  
645 NE 150 ST  
MIAMI FL, 33161

MANAGER


JOSHUA REGISTRE  
645 NE 150 ST  
MIAMI FL, 33161

MANAGER

SERGE REGISTRE  
645 NE 150 ST  
MIAMI FL, 33161

MANAGER

(An additional article must be added if an effective date is requested)

  
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.)

CYNTHIA CARTER  
Typed or printed name of signee

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