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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	· #)	_
PICK-UP	☐ WAIT	MAIL	
			, :
(Bu	siness Entity Nam	ie)	· ·
((Do	cument Number)		;
,	cument Number)		
Certified Copies	_ Certificates	of Status	-
Special Instructions to	Filing Officer:		٦
			-

Office Use Only



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C. LEWIS SEP 2 2 2009 **EXAMINER**

COVER LETTER

Division of Corporations		
SUBJECT: WILLCAN	M PRODUCE L.L.C.	· -
Nar	ame of Limited Liability Company	
The enclosed Articles of Organization and	nd fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Laura K.	Boutista	
	Name of Person	•
<u> </u>	ral Produce	
-	Firm/Company	
325 Hermit	rage Hill Way	<u></u>
	Address	
Valrico, FL	33 \$ 94	
	City/State and Zip Code	
UNDOOUTE	Sta & yaha, com s: (to be used for future annual report notification)	
For further information concerning this m	natter, please call:	
Laura Bautista	at (813) 777-6243 Area Code & Daytime Telephone Number	<u>3</u>
Enclosed is a check for the following	g amount:	
\$125.00 Filing Fee \$130.00 Filing Certificate of		Status &
Mailing Addre Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection Registration Section orporations Division of Corporations 7. Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
325 Hermitage Hill Way Valrico, FL 33544	325 Hermitage Hill Way Valvico, FL 33594
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the All Jaber Name	ASECH FI
5537 S. 78	th St
Florida street address (P.O	. Box NOT acceptable)
Tampa	FL 33019
City, State, a	and Zip 5rg 6rg

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 Xgent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

' = Manager M" = Managing Member	er or Managing Member is as follows: SECRETARY OF ST Name and Address: TALLAHASSEE, FL
M" = Managing Member	
	$-\Delta$
OK	
	William E Carvajal
RM	Laura K Bautista
	325 Hermitage Hill Way
	Valvico, FL 33594
•	
achment if necessary)	
Effective date, if other than the d	late of filing: (OPTION
date is listed, the date must be s	specific and cannot be more than five business da
ter the date of filing.)	
IRED SIGNATURE:	
Chrisaki	by or Africa
Signature of a member	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution
of this document constitu	utes an affirmation under the penalties of perjury
that the facts stated herei	in are true \

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)