

L09000/26281

Florida Department of State
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.
FARM LABOR INCOME PROGRAM, LLC**

Certificate of Status	0
Certified Copy	1
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T. HAMPTON

DEC 21 2009

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
FARM LABOR INCOME PROGRAM, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be FARM LABOR INCOME PROGRAM, LLC (the "Company").

ARTICLE II-STREET ADDRESS

The street address of the principal office of the Company is:

315 East New Market Road
Immokalee, Florida 34142

ARTICLE III-MAILING ADDRESS

The mailing address of the principal office of the Company is:

P.O. Box 3088
Immokalee, Florida 34143

ARTICLE IV-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE V-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Name

Address

GUY E. WHITESMAN

1715 Monroe Street
Fort Myers, Florida 33901

ARTICLE VI-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be

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organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company. Provided, however, for so long as the Company has any agreements to administer farm labor income augmentation programs, the Company shall conduct no other business except the administration of said farm labor income augmentation programs.

ARTICLE VII-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The name of the Company's initial Manager and the Manager's address are:

Name**Address**

Toby K. Purse

315 East New Market Road
Immokalee, Florida 34142

ARTICLE VIII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 18th day of December, 2009.


GUY E. WHITESMAN
Authorized Representative

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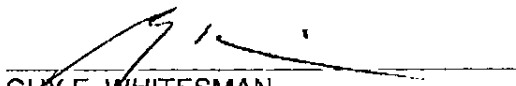
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FARM LABOR INCOME
PROGRAM, LLC.
2. The name and address of the registered agent and office is:

Guy E. Whitesman
1715 Monroe Street
Fort Myers, Florida 33901

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.


GUY E. WHITESMAN
Registered Agent

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