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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. HAMPTON
FEB - 9 2010
EXAMINER

09457-546

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AGRIBUSINESS UNITED LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABDERRAHIM ABOUELOUAFA
Name of Person

REALE LLC
Firm/Company

201 S. BISCAYNE BLVD FL28
Address

MIAMI, FL 33131
City/State and Zip Code

abou@reale.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABDERRAHIM ABOUELOUAFA at (305) 433-0594
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

10 FEB -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2009

ABERRAHIM ABOUELOUAFA
201 S BISCAYNE BLVD
FL 28
MIAMI, FL 33131

SUBJECT: AGRIBUSINESS UNITED LLC
Ref. Number: W09000055490

We have received your document for AGRIBUSINESS UNITED LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00039011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AGRIBUSINESS UNITED LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABDERRAHIM ABOUELOUAFA
Name of Person

Firm/Company

201 S BISCAYNE BLVD FL28
Address

33131 MIAMI, FL
City/State and Zip Code

abu@agribiz.ae
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABDERRAHIM ABOUELOUAFA at (305) 890-1628
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee
☐ $130.00 Filing Fee & Certificate of Status
☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AGRIBUSINESS UNITED LLC
(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 Liability Company is:

Principal Office Address:	**Mailing Address:**
#712 THE FAIRMONT OFFICES	1111 BRICKEL AVE FL11
ONE SHEIKH ZAYED RD	33131 MIAMI FLORIDA
DUBAI 65736 UAE	USA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ABDERRAHIM ABOUELOUAFA
Name

201 S BISCAYNE BLVD FL28
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, 33131 FL
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, 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 Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS

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	
MGRM	ABDERRAHIM ABOUELOUAFA 50, AVENUE DES FAR 28800 MOHAMEDIA, MOROCCO

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

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.)

ABDERRAHIM ABOUELOUAFA
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)

FILED
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DIVISION OF CORPORATIONS
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