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FLORIDA LIMITED LIABILITY CO.

Han's Family Farm LLC

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FAX AUDIT # H10000174271 3

ARTICLES OF ORGANIZATION OF Han's Family Farm LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Han's Family Farm LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2000 Presidential Way, Suite #1803, West Palm Beach, Florida 33401.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Chual Hi Han, 2000 Presidential Way, Strite #1803, West Palm Beach, Florida 33401. Located in the County of Palm Beach.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Chual Hi Han, 1710 Pelham Street, Fonthill, Ontario, Canada LOS 1E6

Business Filings Incorporated, Organizer

Mark Williams, A.V.P. Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: July 21, 2010

WI 53717

608-827-5300

FAX AUDIT # H10000174271 3

FAX AUDIT # 410000174271

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

The name of the limited liability company is: Han's Family Farm LLC

The name and address of the registered agent and office is Chual Hi Han, 2000 Presidential Way, Suite #1803, West Palm Beach, Florida 33401. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

auchul Date:

Signature

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