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OCT 27 2010

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October 22, 2010

Florida Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Re: ATS Ag Ventures, LLC

Gentlemen:

I enclosed the following documents:

1. Original and one copy of the proposed Articles of Organization for ATS Ag Ventures, LLC, including a Statement of Registered Agent.

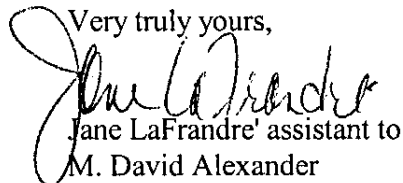
2. A check payable to the Department of State for charges as follows:

Filing fee	\$100.00
Registered agent certificate	25.00
Certified copy	<u>30.00</u>
	\$155.00

Please file the original Articles and have the copy certified. The documents should be returned to me together with your statement for services rendered. Please call me if you have any questions.

Please return the certified copy to me at the address set forth above.

Very truly yours,

  
Jane LaFrandre' assistant to  
M. David Alexander

Enclosures

M. DAVID ALEXANDER, III  
JOHN B. ALLEN  
PHILIP O. ALLEN  
KEVIN A. ASHLEY  
JASON M. BERGWALL  
JACK P. BRANDON  
JOSHUA K. BROWN  
PHILIP H. BUSH

DEBRA L. CLINE  
J. DAVIS CONNOR  
CLINTON A. CURTIS  
JACOB C. DYKXHOORN  
DAVID G. FISHER  
MICHAEL T. GALLAHER  
JOHN R. GRIFFITH  
DAVID E. GRISHAM

JOHN D. HOPPE  
TIMOTHY E. KILEY  
KEVIN C. KNOWLTON  
ALEXANDER F. KOSKEY, III  
DOUGLAS A. LOCKWOOD, III  
BRIAN K. MATHIS  
CORNEAL B. MYERS  
E. BLAKE PAUL

ROBERT E. PUTERBAUGH  
THOMAS B. PUTNAM, JR.  
JENNIFER A. RUMPH  
DEBORAH A. RUSTER  
STEPHEN R. SENN  
ANDREA TEVES SMITH  
KEITH H. WADSWORTH  
KERRY M. WILSON



**ARTICLES OF ORGANIZATION  
FOR  
ATS Ag Ventures, LLC  
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be **ATS Ag Ventures, LLC**.

**ARTICLE II  
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III  
Mailing Address**

The mailing address of the principal office of this Company is **400 Eagle Lake Loop Road, Winter Haven, FL 33884**. The street address of the principal office of this Company is **400 Eagle Lake Loop Road, Winter Haven, FL 33884**.

**ARTICLE IV  
Registered Agent and Office**

The name and street address of this Company's initial registered agent for service of process in this state is as follows: **Matthew D. Alexander, 141 5<sup>th</sup> St. NW, Winter Haven, FL 33881**.

**ARTICLE V  
Management**

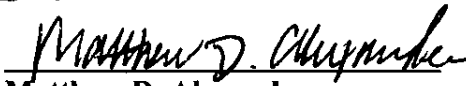
The Company is to be a manager-managed company.

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**ARTICLE VI**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

IN WITNESS WHEREOF, the undersigned, an authorized representative of the Company, has hereunto set his hand and seal this 21 day of October, 2010.

  
Matthew D. Alexander

STATE OF FLORIDA  
COUNTY OF POLK

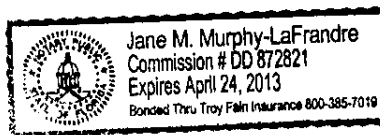
The foregoing instrument was acknowledged before me this 21 day of October, 2010, by **Matthew D. Alexander**. He is personally known to me or produced his current drivers' license as identification.

(SEAL)

  
NOTARY PUBLIC

\_\_\_\_\_  
Print Name of Notary

My commission expires:



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**TALLAHASSEE, FLORIDA**

**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent for **ATS Ag Ventures, LLC** and to accept service of process for the company, 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 in Chapter 608, Florida Statutes.

  
Matthew D. Alexander

STATE OF FLORIDA  
COUNTY OF POLK

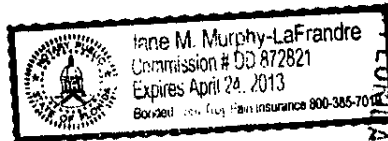
The foregoing instrument was acknowledged before me this 21 day of October, 2010, by **Matthew D. Alexander**, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)

  
NOTARY PUBLIC

Print Name of Notary

My Commission Expires:



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TALLAHASSEE FLORIDA

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