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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

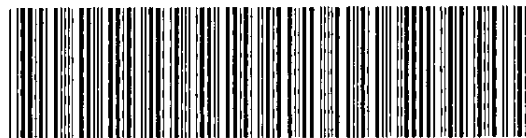
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
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DIVISION OF CORPORATIONS

10 NOV - 1 AM 8:08

B. KOHR

NOV - 2 2010

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

O'BRIEN FAMILY FARMS, LLC

FILED
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10 NOV -1 AM 8:09

Signature _____

Requested by: SN

11/01/10 1:30

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
OF
O'BRIEN FAMILY FARMS, LLC
(a Florida Limited Liability Company)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 1 AM 8:09

The undersigned executes these Articles of Organization to form a limited liability company under the laws of the State of Florida, and declares that the following articles shall serve as the charter and authority for the conduct of business of the limited liability company.

**ARTICLE I.
NAME**

The name of the limited liability company is **O'BRIEN FAMILY FARMS, LLC.**

**ARTICLE II.
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

16505 State Road 64 East
Bradenton, Florida 34212

Mailing Address:

P.O. Box 898
Bradenton, Florida 34206

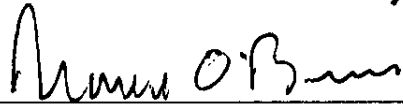
**ARTICLE III.
REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT'S SIGNATURE**

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

Mr. Thomas M. O'Brien
16505 State Road 64 East
Bradenton, Florida 34212

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, Florida Statutes.



Registered Agent Signature

**ARTICLE IV.
MANAGER(S) OR MANAGING MEMBER(S)**

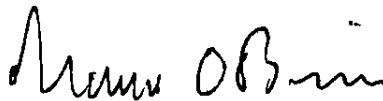
The name and address of each manager or managing member is as follows:

Title:

Name & Address:

Managing Member

**C&D Fruit And Vegetable Co., Inc.
16505 State Road 64 East
Bradenton, Florida 34212**



**Signature of a Member or 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)

THOMAS O'BRIEN

Typed or Printed Name of Signee