

L11000048476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

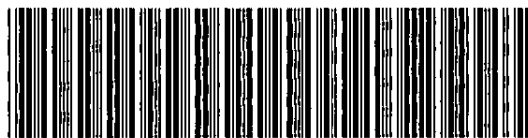
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11 APR 25 AM 11:12

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 APR 25 PM 1:42

B. KOHR

APR 25 2011

EXAMINER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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WALK IN

PICK UP: 4/25 Emily

- ☐ **CERTIFIED COPY** _____
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- ☐ **CUS** _____
- ☒ **FILING** LLC _____

1. Organic Specialty Farms, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I - Name:

The name of the Limited Liability Company is:

ORGANIC SPECIALTY FARMS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2400 SW State Road 484
Ocala, FL 34473

Mailing Address:

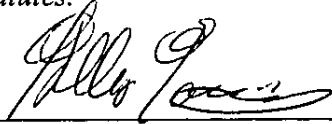
2400 SW State Road 484
Ocala, FL 34473

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Philip Pavicic
2400 SW State Road 484
Ocala, FL 34473

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.



Philip Pavicic

ARTICLE IV- Manager(s) or Managing Member(s):

The names and addresses of the Managers are as follows:

| Title: | Name and Address: |
|--------|--|
| "MGR" | Philip Pavicic 2400 SW State Road 484 Ocala, FL 34473 |
| "MGR" | Steven Shrump 8833 SW State Road 674 Wimamua, FL 33598 |
| "MGR" | Adolfo Garcia 87 Cimmaron DR Palm Coast, FL 32137 |
| "MGR" | James Serrano 5037 SW 107 th Loop Ocala, FL 34476 |

REQUIRED SIGNATURE:



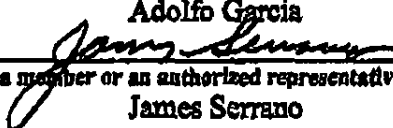
Signature of a member or an authorized representative of a member.
Philip Pavicic



Signature of a member or an authorized representative of a member.
Steven Shrump



Signature of a member or an authorized representative of a member.
Adolfo Garcia



Signature of a member or an authorized representative of a member.
James Serrano

(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.)