Division of Corporations Page 1 of 1 A44 11188 7 Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H12000085512 3))) H120000855123ABCY Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 Erom: : EMPIRE CORPORATE KIT COMPANY Account Name Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. G & K CITRUS, LLC Certificate of Status 0 1 Certified Copy PH 12: RECEIVED 03 Page Count \$155.00 Estimated Charge ကို APR N iling Menu Help Electronic Filing Menu 2012 https://efile.sunbiz.org/scripts/efilcovr.exe 4/2/2012 PAGE 01/04 EMPIRE CORP KIT 9696889908 91:11 2102/20/00

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Division of Corporations

April 3, 2012

G & K CITRUS, LLC 1223 N.W. 21ST STREET MIANI, FL 33142

SUBJECT: G & K CITRUS, LLC REF: W12000018397

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Registered Agent MUST PLEASE SIGN the acceptance statement in Article III.

Please return 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) 245-6051.

Buck Kohr Regulatory Specialist II FAX Aud. #: H12000085512 Letter Number: 812A00010821

P.O BOX 6327 - Tallahassee, Florida 32314



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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



(Must end with the words "Limited Liability Company, "LL.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:

1223 NW 21 STREET MIAMI FL 33142

1223 NW 21 STREET MIAMI FL 33142

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 of another business entity with an active Florida registration.)

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

MARIA	CMAGARINO
	Name
1223 N	I.W. 21 STREET
	Florida street address (P.O. Box NOT acceptable)
MIAM)	FL 33142
	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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ARTICLE IV- Manager(s) or Managing Member(s); The name and address of each Manager or

Terr . s	INDRAGING MANAGENE
Trie:	managing Member is as follows:
MGR' = 1	N1
MGRA	Name and Address:
"MCRM" = Managing Member	
MORM	
	GARY THOMPSON
	223 NW 21 STREET
4.1.4	MIAMI FL 33142
MGR	
	KAREN THOMPSON
	1000 LEUKA AND LEUK
	1223 NW 21 STREET
	MIAMI FL 33142

(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:

'n x

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 aftirmation under the penalties of perjury that the facts stated herein are true. I am sware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

GARY THOMPSON Typed or printed name of signer

Filling Focs:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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