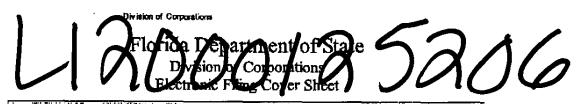
10/1/12



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,

(((H12000239152 3)))



H120002391523ABCZ

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: HUBCO

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Enail Address: thomas Cabbelamago, com	_
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## FLORIDA LIMITED LIABILITY CO.

Biomode Agritek LLC

<b>.</b>		
Certificate of Status	1	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$130.00	

D. BRUCE

OCT 2 2012

EXAMINER

H12000239152

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

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

ARTICLE II - Address

Principal Office Address:

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

	9 Kaintuck Lane
Locust Valley, NY 11560	Locust Valley, NY 11560
DITICITE III DISCONANI	cont Denistared Office & Devictored Acentic Cinnature
	gent, Registered Office & Registered Agent's Signature of the registered agent are:
	of the registered agent are:
	of the registered agent are:  Hubco Registered Agent Services, Inc.
	of the registered agent are:  Hubco Registered Agent Services, Inc.  Name
ARTICLE III - Registered . The name and Plorida street addres	Hubco Registered Agent Services, Inc.  Name  155 Office Plaza Drive. 1st Floor

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - Bruce B. Hubbard, President

	Ianager(s) or Managing Member(s); H120002; so of each Manager or Managing Member is as follows:	39152
Title: "MGR" ≃ Manager "MGRM" ≃ Managin	Name and Address:	
MGRM	Robert J. Braun - 9 Kaintuck Lane, Locust Valley, NY 11560	
		<u> </u>
(Use attachment if neo	cessary)	
REQUIRED SIGNA	Signature of a memberosanthorized representative of a member	
1	(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.)	SECKE TALLAH
	Robert J. Braun	ASS

Typed or printed name of signee