

Division of Corporations

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Fax Number : (850) 617-6383

From:

Account Name : A.A.ALI, CPA
Account Number : I20000000192
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**
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TALLAHASSEE, FLORIDA**FLORIDA LIMITED LIABILITY CO.****American AgriCom, LLC**

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TALLAHASSEE, FLORIDA

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9/5/2013 9:59:08 AM PAGE 1/001

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September 5, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A.A.ALI, CPA

SUBJECT: AMERICAN AGRICOM, LLC
REF: W13000049130

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.

Please refax your document.,

Please return your document, along with a copy of this letter, within 10 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American AgriCom, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

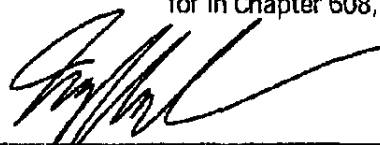
1123 SOLANA AVE
WINTER PARK, FL 32789

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 or another business entity with an active Florida registration.)

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

MOHAMED ABDULSALAM
1123 SOLANA AVE
WINTER PARK, FL 32789

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..



MOHAMED ABDULSALAM/ Registered Agent's Signature

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TALLAHASSEE FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

RIAD ABDULSALAM - (PRESIDENT)
4568 AGUILA PLACE
ORLANDO, FL 32826

MOHAMED ABDULSALAM - (VICE PRESIDENT)
1123 SOLANA AVE
WINTER PARK, FL 32789

ARTICLE V: Effective date, if other than the date of filing: 9/4/2013

(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:



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 affirmation under the penalties of perjury that the facts stated herein are true.)

MOHAMED ABDULSALAM

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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