

NOV-21-2013 03:00 PM FROM-

T-207 0017 -382

# L13000163540

Florida Department of State  
Division of Corporations  
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.

((H13000257991 3)))



H130002579913ABC4

**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

From: Account Name : AKERMAN LLP - MIAMI  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 NOV 21 AM 8:37

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
13 NOV 21 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
UPLANDS COTTON HOLDINGS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

NOV 22 2013

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

(H13000257991 3)

**ARTICLES OF ORGANIZATION  
OF  
UPLANDS COTTON HOLDINGS LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is Uplands Cotton Holdings LLC

**ARTICLE II: - Address**

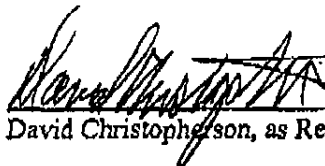
The mailing address and street address of the principal office of the Limited Liability Company is;

9380 Sunset Drive  
B-240  
Miami, Florida 33173

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**  
The name and the Florida street address of the registered agent are:

David Christopherson  
9380 Sunset Drive  
B-240  
Miami, Florida 33173

*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.*

  
David Christopherson, as Registered Agent

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one or more Members and is, therefore, a member-managed company.

(H13000257991 3)

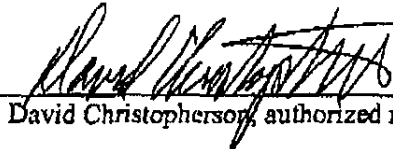
(H13000257991 3)

**ARTICLE V: - Managing Members**

The name and address of the Managing Member is as follows:

MGRM David Christopherson  
9380 Sunset Drive, B-240  
Miami, Florida 33173

MGRM Wendy Christopherson  
9380 Sunset Drive, B-240  
Miami, Florida 33173

  
\_\_\_\_\_  
David Christopherson, 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.)

\_\_\_\_\_  
David Christopherson  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 NOV 21 AM 8:38

FILED

(H13000257991 3)