

L1500003/405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

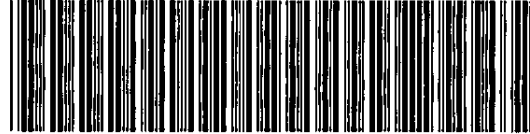
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

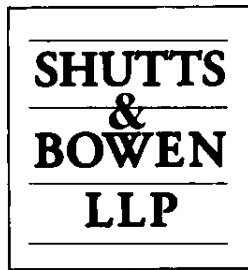


000269328220

02/16/15--01008--010 **125.00

FILED
2015 FEB 16 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 20 2015
J. BRUCE



Founded 1910

ELIZABETH T. CHACE
FLORIDA REGISTERED PARALEGAL
(954) 847-3831 Direct Telephone
(954) 524-5506 Direct Facsimile

E-MAIL ADDRESS:
echace@shutts.com

February 13, 2015

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Organization for Agro Soluciones 21, LLC

Dear Sir or Madam:

Enclosed please find executed Articles of Organization for Agro Soluciones 21, LLC ("Articles") as well as this Firm's check in the amount of \$125.00 which represents the filing fee for the Articles and Designation of Registered Agent. Please forward the letter of acknowledgment to my attention as soon as possible.

Should you have any questions, please do not hesitate to contact our office. Thank you.

Sincerely,

SHUTTS & BOWEN LLP

A handwritten signature in cursive script that reads "Elizabeth T. Chace".

Elizabeth T. Chace
Florida Registered Paralegal

FILED
2015 FEB 16 PM 2:34
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

cc: Joseph R. Englander, Esq. (w/copies of enclosures, via interoffice hand delivery)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGRO SOLUCIONES 21, LLC

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

10900 NW 21 St. Unit 190

Miami, FL 33172

10900 NW 21 St. Unit 190

Miami, FL 33172

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:

Rafael Sanchez

Name

10900 NW 21 St. Unit 190

Florida street address (P.O. Box NOT acceptable)

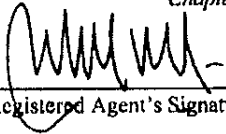
Miami

City

FL 33172

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2015 FEB 16 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Domingo Antonio Serpa Gil
Urb. Los Libertadores Avenida Jose Felix Rivas
Barquisimeto, Edo.Lara, Venezuela

MGR


Javier Jesus Burgos Bracho
Calle Justino Jiron Numero 11-25 Sector Pueblo
Beluma, Edo Carabobo, Venezuela

(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.)

ARTICLE VI: Other provisions, if any...

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0285 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware 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.)

Domingo Antonio Serpa Gil

Typed or printed name of signee

Filing Fees:

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

FILED
2015 FEB 16 PM 2:34
CLERK OF STATE
TALLAHASSEE FLORIDA