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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

FJ FARM SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

FILED
15 MAR 18 PM 12:01
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
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Electronic Filing Menu Corporate Filing Menu Help 2015

T. HAMPTON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

FJ FARM SERVICES, 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:
4953 SW 45 CIRCLE OCALA, FL 34474	4953 SW 45 circle OCALA, FL 34474

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:

LUIS FERNANDO CHON QUI
Name

4953 SW 45 CIRCLE
Florida street address (P.O. Box NOT acceptable)

OCALA FL 34474
City 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)

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(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JULIO ENRIQUE RADA 7621 SW 57 LANE #154 GAINESVILLE, FL 32608
MGR	LUIS FERNANDO CHAN QUI 4753 SW 95 CIRCLE OCALA, FL 34474

(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 605.0203 (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.)

JULIO ENRIQUE RADA
Typed or printed name of signee

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