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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 676850 REFERENCE : 4809573 AUTHORIZATION : COST LIMIT: \$425.00 ORDER DATE: June 19, 2015 ORDER TIME: 8:57 AM ORDER NO. : 676850-005 CUSTOMER NO: 4809573 DOMESTIC FILING NAME: RANCHO MANANA, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJE	CT: Ranch	o Manana LLC	imited Liability Company	<u>.</u>
,		Name of L	imited Liability Company	
The end	closed Article	s of Organization and fee(s)	are submitted for filing.	
Please	return all corr	espondence concerning this r	natter to the following:	
	David M	arote, Senior Corporate Para	legal Name of Person	
			Name of Ferson	
	Dole Foo	od Company, Inc.	Firm/Company	
			. ,	
	One Dol	e Drive	Address	
	Westlake	Village, CA 91362	City/State and Zip Code	
day	vid.marote@d	ole.com E-mail address: (to be use	ed for future annual report notifies	ation)
For furti	her informatio	on concerning this matter, ple	ase cali:	
David N	<u>Marote</u>	at (_	818) 879-6760	
	Nar	ne of Person	Area Code Daytime Te	lephone Number
Enclosed	d is a check fo	or the following amount:		
\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Divi P.O.	istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street/Courier Add, Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

 \boxtimes

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rancho Manana				
(Must	end with the words "Limited	Liability.Company,	"L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limited I	Liability Company is	s:
<u>Pri</u>	ncipal Office Address:	•	Mailing A	Address:
One Dole Drive		<u>ATT</u>	N: Dole Legal Dep't.	
Westlake Villag	e, CA 91362		Dole Drive	260
 	<u></u>	Westi	ake Village, CA 913	362
The Limited Liability Com- nother business entity with	Agent, Registered Office, apany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. Y n.) agent are:		n individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registratio	Registered Agent. Y n.) agent are:		n individual or
The Limited Liability Commother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Corporation Service (1201 Hays Street	Registered Agent. Y n.) agent are: Company Name	ou must designate an	n individual or -
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(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Corporation Service (1201 Hays Street	Registered Agent. Y n.) agent are: Company Name	ou must designate an	n individual or -
(The Limited Liability Com another business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Corporation Service (1201 Hays Street Florida street address	Registered Agent. Y n.) agent are: Company Name (P.O. Box NOT acc	ou must designate an	n individual or
The Limited Liability Comanother business entity with The name and the Florida station with the second of the seco	pany cannot serve as its own an active Florida registration reet address of the registered Corporation Service of 1201 Hays Street Florida street address Tallahassee	Registered Agent. Y n.) agent are: Company Name (P.O. Box NOT acc Florida State se of process for the a intment as registered lating to the proper a s registered agent as	ceptable) 32301 Zip above stated limited lidingent and agree to and complete perform provided for in Chap	- liability company at the act in this capacity. I nance of my duties, and l

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Dole Berry Company
	One Dole Drive
	Westlake Village, CA 91362
EV: Effective date, if other than the date of the date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
Use attachment if necessary) EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-