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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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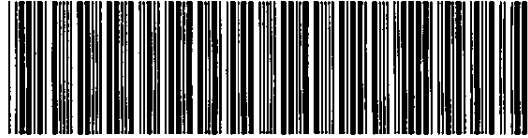
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh SEP 22 2015

JOHN W. H. BURTON, P.A.
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WAUCHULA, FLORIDA 33873-1729

JOHN W. H. BURTON
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REPLY TO:
P. O. DRAWER 1729
WAUCHULA, FLORIDA 33873-1729

September 10, 2015

New Filing Section
DIVISION OF CORPORATIONS
Post Office Box 6327
Tallahassee, FL 32314

Re: PAR-LEY PRODUCE, LLC

Gentlemen:

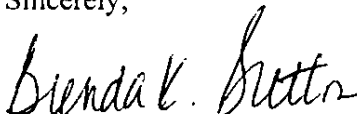
Enclosed please find original and copy of Articles of Organization for **PAR-LEY PRODUCE, LLC**. Please file the original and return a certified copy to us in the enclosed envelope.

Also enclosed is our check in the amount of \$160.00 to cover the following:

Filing Fee	\$125.00
Certified Copy	\$ 30.00
Certificate of Status	\$ 5.00

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

Sincerely,



Brenda K. Sutton
Paralegal/Legal Assistant

/bks
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I NAME

The name of the limited liability company shall be **PAR-LEY PRODUCE, LLC.**

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

Principal Office Address:

1572 Heard Bridge Road
Wauchula, FL 33873

Mailing Address:

1572 Heard Bridge Road
Wauchula, FL 33873

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

KYLE PARISH
1572 Heard Bridge Road
Wauchula, FL 33873

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**ARTICLE IV
MANAGEMENT**

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

Title:	Name and Address:
AMBR	KYLE PARRISH 1572 Heard Bridge Road Wauchula, FL 33873
AMBR	SHANE CONLEY 408 Circle Drive Wauchula, FL 33873

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TALLAHASSEE, FLORIDA

**ARTICLE V
EFFECTIVE DATE**

The effective date is the date of filing.

IN WITNESS WHEREOF, I have subscribed my name this 10th day of September, 2015.



KYLE PARRISH, Authorized Member

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for **PAR-LEY PRODUCE, LLC**, I hereby accept the appointment as its registered agent and agree to act in this capacity. Furthermore, I 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.

DATED this 10th day of September, 2015.



KYLE PARRISH, Registered Agent