

Division of Corporations

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**17000122216**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**  
**Florida Specialties Harvesting, LLC**

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| Certificate of Status | 1        |
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**ARTICLES OF ORGANIZATION  
OF  
FLORIDA SPECIALTIES HARVESTING, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be Florida Specialties Harvesting, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is:  
601 East Main Street, Immokalee, FL 34143

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:

| <u>Name</u>               | <u>Address</u>                                  |
|---------------------------|---|
| HF Registered Agents, LLC | 1715 Monroe Street<br>Fort Myers, Florida 33901 |

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

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**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

**Name**

Bryan R. Hilliard

**Address**

5500 Flaghole Road  
Clewiston, Florida 33440

**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles this 5th day of June, 2017.

  
\_\_\_\_\_  
Guy E. Whitesman, Esq.  
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT,  
IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Florida Specialties  
Harvesting, LLC.
2. The name and address of the registered agent and office are:

HF Registered Agents, LLC  
1715 Monroe Street  
Fort Myers, Florida 33901

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,  
Florida Statutes.

HF REGISTERED AGENTS, LLC



Guy E. Whitesman, Esq.  
Vice President

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