Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : THOMAS K. BOARDMAN, P.A.

Account Number : 102350003270 Phone : (863)674-1027

Fax Number : (863)674-1029

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Enail Address: LEALHARVESTING@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. STAR SOD, LLC

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ARTICLES OF ORGANIZATION SECRETARY OF STATE TALE APPASSIFIED OND

OF

STAR SOD, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form 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. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be STAR SOD, LLC

ARTICLE II

The mailing address and the street address of this limited liability company is 4671 Little League Rd., Immokalee, FL 34142.

ARTICLE III

DURATION

This limited liability company shall exist until August 31, 2046, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY: Thomas K. Boardman THOMAS K. BOARDMAN, P.A. P.O. Box 2197 LaBelle, Florida 33975 (863) 674-1027 Florida Bar No. 103581

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ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its members. The name and address of the initial Manager/Member are as follows:

> Noe Leal 4671 Little League Rd. Immokalee, FL 34142

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

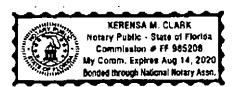
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at LaBelle, Florida, on February _______, 2018.

STATE OF FLORIDA COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me this day of February, 2018, by NOE LEAL, who is □personally known to me or □who has produced _ as identification.



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES. THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: STAR SOD, LLC
- 2. The name and address of the registered agent and office is:

NOE LEAL (Name)

4671 Little League Road (P.O. Box not acceptable)

Immokalee, Florida 34142 (City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

(Date)