

Division of Corporations

Page 1 of 2

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**FLORIDA LIMITED LIABILITY CO.
FARM-OP KUZZENS H2A, LLC**

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|-----------------------|----------|
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FAX AUDIT NO.: H18000123371 3

**ARTICLES OF ORGANIZATION
OF
FARM-OP KUZZENS H2A, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be Farm-Op Kuzzens H2A, LLC (the "Company").

ARTICLE II-STREET ADDRESS

The street address of the principal office of the Company is:

315 East New Market Road
Immokalee, Florida 34142

ARTICLE III-MAILING ADDRESS

The mailing address of the principal office of the Company is:

P.O. Box 3088
Immokalee, Florida 34143

ARTICLE IV-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 V-INITIAL REGISTERED AGENT AND OFFICE

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

Name

Address

HF Registered Agents, LLC

1715 Monroe Street
Fort Myers, Florida 33901

ARTICLE VI-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

FAX AUDIT NO.: H18000123371 3

FAX AUDIT NO.: 818000123371 3

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.

ARTICLE VII-MANAGEMENT OF THE COMPANY

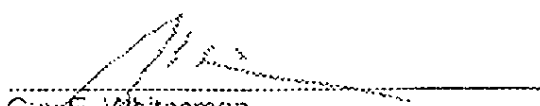
The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

| <u>Name</u> | <u>Address</u> |
|----------------|--|
| Kent Shoemaker | 315 East New Market Road Immokalee, Florida 34142 |

ARTICLE VIII-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 of Organization this 19th day of April, 2018.


Guy E. Whitesman
Authorized Representative

FAX AUDIT NO.: 818000123371 3

FAX AUDIT NO.: H18000123371 3

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: FARM-OP KUZZENS H2A, LLC.
2. The name and address of the registered agent and office is:

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.

HF Registered Agents, LLC

By: _____

Guy E. Whitesman, Esq.
Vice President

FAX AUDIT NO : H18000123371