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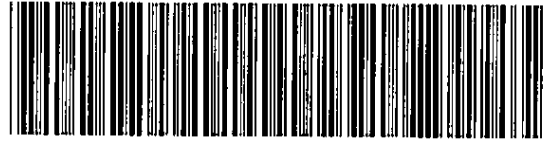
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STATE OF FLORIDA
TALLAHASSEE

AUG 14 2018

K. Brumley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Harvest Time, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie S. Green

Name of Person

Darby Peele & Green, PLLC

Firm/Company

1241 South Marion Avenue

Address

Lake City, FL 32025

City/State and Zip Code

bonniegreen@darbypeele.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie S. Green 386 752-4120

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2018 AUG 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
HARVEST TIME, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes, Chapter 605, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company shall be **HARVEST TIME, LLC** (the "Company"). The street address of the principal office of the Company in Florida shall be 12479 South US Hwy 441, Lake City, Florida 32025. The mailing address of the Company in Florida shall be Post Office Box 2093, Lake City, Florida 32056-2093.

ARTICLE II

PURPOSES AND POWERS

The general purpose for which this Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE III

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent in the State of Florida are: EMORY L. BAILEY, 12479 South US Hwy 441, Lake City, Florida 32025.

ARTICLE IV

ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only upon the unanimous consent of all the members.

ARTICLE V

ADMISSION AND WITHDRAWAL OF MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of the members of the Company.

ARTICLE VI

TERMINATION OF EXISTENCE

The Company shall not be dissolved upon the occurrence of any event that terminates the continued membership of a member in the Company, provided there is at least one remaining member. The Company shall be terminated and dissolved upon the consent of all of the members.

ARTICLE VII

MANAGEMENT OF THE COMPANY

The Company shall be managed by managing members and the names and addresses of the initial managing members are:

NAME AND ADDRESS

EMORY L. BAILEY
12479 South US Hwy 441
Lake City, Florida 32025

MELISSA B. BAILEY
12479 South US Hwy 441
Lake City, Florida 32025

ARTICLE VIII

DURATION

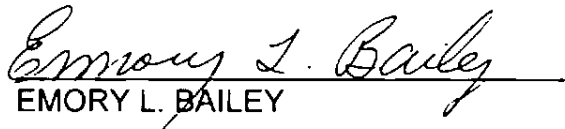
The Company shall exist perpetually. Corporate existence shall commence upon filing the Articles of Organization by the Department of State.

ARTICLE IX

DEBTS

To the fullest extent provided by Florida Law, no member or managing member of the Company is liable for the payment of any debt, obligation, or other liability of the Company.

IN WITNESS WHEREOF, the undersigned managing members have made and subscribed these Articles of Organization in Lake City, Florida, for the foregoing uses and purposes this 10 day of August, 2018.


EMORY L. BAILEY


MELISSA B. BAILEY

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

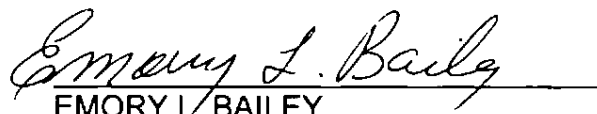
Pursuant to the provisions of Florida Statutes, **HARVEST TIME, LLC** (the "Company"), submits the following statement in designating the registered office/registered agent of the Company in the State of Florida:

1. The name of the Company is: **HARVEST TIME, LLC**
2. The name and address of the registered agent and office are: **EMORY L. BAILEY, 12479 South US Hwy 441, Lake City, Florida 32025**

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for the above-named 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 the Florida Revised Limited Liability Company Act.

DATED: this 10 day of August, 2018.


EMORY L. BAILEY