

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filings

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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.****

Email Address: MR.FIREMAN110@HOTMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
AG HARVEST SOLUTIONS, LLC**

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ARTICLES OF ORGANIZATION

OF

AG HARVEST SOLUTIONS, 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 AG HARVEST SOLUTIONS, LLC

ARTICLE II

The mailing address and street address of this limited liability company is 2780 54th Ave., NE., Naples, Florida 34120.

ARTICLE III

DURATION

This limited liability company shall exist until January 31, 2049, 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 Manager/Members are as follows:

Jesus Gutierrez
1111 North 11th St.
Immokalee, Florida 34142

Albert Anzualda
2780 54th Ave., NE.
Naples, FL 34120

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.

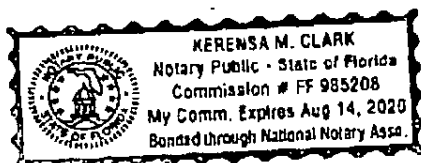
Executed by the undersigned at LaBelle, Florida, on February 1, 2019

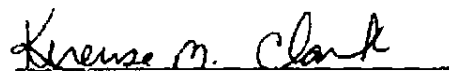

ALBERT ANZUALDA

STATE OF FLORIDA
COUNTY OF HENDRY

19 FEB -1 AM 11:26
HENDRY COUNTY
NOTARY PUBLIC
FLORIDA

The foregoing instrument was sworn to and acknowledged before me this 1 day of February, 2019, by ALBERT ANZUALDA, who is ☐ personally known to me or ☒ who has produced FL DL as identification.




NOTARY PUBLIC
Name: Kerensa M. Clark

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, 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.

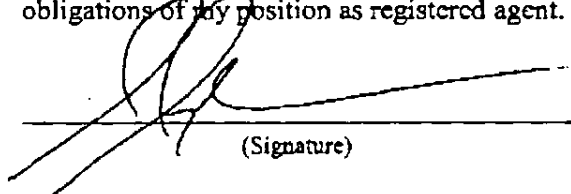
1. The name of the limited liability company is: AG HARVEST SOLUTIONS, LLC
2. The name and address of the registered agent and office is:

ALBERT ANZUALDA
(Name)

2780 54th Ave., NE
(P.O. Box not acceptable)

Naples, Florida 34120
(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.


(Signature)

2/1/19
(Date)

11-11-19
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SECRETARY OF STATE
AT HARVEST, FLORIDA

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