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# FLORIDA LIMITED LIABILITY CO.

### Tamarian Farms LLC

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is

Taniarian Farms LLC	
(Must contain the words "Limited Liability Com	npany, "L L C ," or "LLC ")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	imited Liability Company is
Principal Office Address:	Mailing Address:

ACLE NEW TIONS ASSESSED	461537771100
4615 NW 110th Avenue	4615 NW 110th Avenue
Ocala, FL 34482	Ocala, FL 34482

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent You must designate an individual or another business entity with an active Florida registration )

The name and the Florida street address of the registered agent are

1 ami Fratis			
		Name	
4615 NW 11	0th Ave	enue	
Florida stree	et add <b>re</b> :	ss (PO Box <u>NOT</u> ac	ceptable)
Ocala		FL	34482
Cı	ity	State	Zıp

Having been named as registered agent and to accept service of process for the above stated limited trability 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 pravisions of all statistes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Authorized Member  R	
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Jam Flata	pf a member.
Signature of a member or an authorized representative of	1) (b), Florida Statutes
Vanu Funti	(1) (b), Florida Statutes the Department of State
Signature of a member or an authorized representative of This document is executed in accordance with section 605 0203 (1 am aware that any false information submitted in a document to the constitutes a third degree felony as provided for in 5.817 155, F.S.	(1) (b), Florida Statutes the Department of State
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Signature of a member or an authorized representative of This document is executed in accordance with section 605 0203 (1 am aware that any false information submitted in a document to the constitutes a third degree felony as provided for in 5.817 155, F.S.	(1) (b), Florida Statutes the Department of State
WIRED SIGNATURE:	
Vanu Funti	