11/1/2019

Florida Department of State

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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.

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FLORIDA LIMITED LIABILITY CO. SOUTHWEST SPREADING, LLC

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ARTICLES OF ORGANIZATION

OF

SOUTHWEST SPREADING, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member 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 SOUTHWEST SPREADING, LLC.

ARTICLE II

The mailing address of the company and the street address of the principal office will be 917 Laurel Street, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until October 31, 2059, 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 2010 NOV -1 AM 9: 06 SECRETAND OF STATE

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ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its member. The name and address of the manager/member is as follows:

Ruben Gonzalez 917 Laurel Street Immokalec, FL 34142

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

The Member 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, bankruptey, 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, FL on November, 2019.
	Ruben GONZALEZ

STATE OF FLORIDA COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me this ____ day of November, 2019, by RUBEN GONZALEZ, who is personally known to me or who has produced ____ 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: SOUTHWEST SPREADING, LLC
- 2. The name and address of the registered agent and office is:

RUBEN GONZALEZ
(Name)

917 Laurel St. (P.O. Box not acceptable)

Immokalce, 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.

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