

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000036137
FILED 8:00 AM
January 29, 2020
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

RAYMOND-MATTESON FAMILY FARMS, LLC

Article II

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

2561 MOODY BOULEVARD
SUITE 12
FLAGLER BEACH, FL. 32136

The mailing address of the Limited Liability Company is:

P.O. BOX 1710
FLAGLER BEACH, FL. 32136

Article III

The name and Florida street address of the registered agent is:

LIVINGSTON & SWORD PA
391 PALM COAST PARKWAY SW
SUITE 1
PALM COAST, FL. 32137

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.

Registered Agent Signature: JAY LIVINGSTON

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
CHAD R RAYMOND
P.O. BOX 1710
FLAGLER BEACH, FL. 32136

Title: AMBR
MIMI M RAYMOND
P.O. BOX 1710
FLAGLER BEACH, FL. 32136

Title: AMBR
NATHAN D MATTESON
784 DELTONA BLVD.
DELTONA, FL. 32725

Title: AMBR
LISA M JACOT
784 DELTONA BLVD.
DELTONA, FL. 32725

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Signature of member or an authorized representative

Electronic Signature: CHAD RAYMOND

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.