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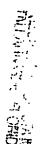
	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Double J Agribusiness, LLC		
,		
	_	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
	ľ	Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH 05/19/20		UCC 1 or 3 File
03/18/20		UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick (Jp	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:			
Double J Agribu	siness, LLC			
(Must	contain the words "Limited	Liability Company, '	"IL.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
5843 Deer Flag Drive		5843	5843 Deer Flag Drive	
Lakeland, Florida 33811		Lake	Lakeland, Florida 33811	
(The Limited Liability Companother business entity with The name and the Florida str	an active Florida registrati	on.)	ou must designate an individual or	
	Lany J. McCauley			
		Name		
	5843 Deer Flag Dri	ve		
		ss (P.O. Box <u>NOT</u> ac	ceptable)	
	Lakeland	Florida	33811	
	City	State	Zip	

Ilaving 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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 FM 1: 24

Title:	Name and Address:
"AMBR" = Authorized Mem	
"MGR" = Manager	
MGR	Larry J. McCauley
INCIR	5843 Deer Flag Drive
	Lakeland, Florida 33811
MGR	James E. McCauley
	5855 Deer Flag Drive
	Lakeland, Florida 33811
	
(Use attachment if necessary	
(Use attachment it necessary)
TICLE V: Effective date if other t	han the date of filing: (OPTIONAL)
in offective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 days after
date of filing.)	must be specific and employine more man five business days prior to or 70 days after
	k does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the I	
document's effective date on the E	Department of State's records.
TICLE VI: Other provisions, if any	<i>!</i> ,
REOUIRED SIGNATURE	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Typed operinted name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)