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Division of Corporations

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To:

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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: Eileen@hanshaw sales .com

**FLORIDA LIMITED LIABILITY CO.  
HANSHAW CAPLING PACKING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION

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OF

## HANSHAW CAPLING PACKING, LLC

The undersigned member 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 HANSHAW CAPLING PACKING, LLC.

## ARTICLE II

The mailing address of the limited liability company is PO Box 996, LaBelle, FL 33975, and the street address of the principal office of this limited liability company shall be 815 E. Main St., Immokalee, Florida 34142.

## ARTICLE III

## DURATION

This limited liability company shall exist until September 30, 2051, 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 Authorized Members are as follows:

Daren B. Hanshaw  
PO Box 2261  
LaBelle, Florida 33975

Robert Wayne Capling, Jr.  
1810 Frontier Circle  
LaBelle, FL 33935

# ARTICLE V

## RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent or as otherwise provided by the Operating Agreement. 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

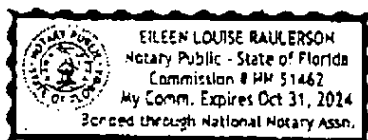
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Immokalee Florida, on September 20<sup>th</sup>, 2021.

D B Hanshaw  
DAREN B. HANSHAW

STATE OF FLORIDA  
COUNTY OF Collier

The foregoing instrument was sworn to and acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 20<sup>th</sup> day of September, 2021, by Daren B. Hanshaw, who is ☐ personally known to me or ☐ who has produced \_\_\_\_\_ as identification.



Eileen Louise Raulerson  
NOTARY PUBLIC  
Name: Eileen Louise Raulerson

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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: HANSHAW CAPLING PACKING, LLC
2. The name and address of the registered agent and office is:

DAREN B. HANSHAW  
(Name)

2307 San Carlos Dr.  
(P.O. Box not acceptable)

Saint James City, Florida 33956  
(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)

9/20/21  
(Date)