

(Requestor's Name)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 650-556-1500
ACCOUNT NO. : 12000000195
REFERENCE : 573316 8020532
AUTHORIZATION: Spullelleman
COST LIMIT : \$/125,00
ORDER DATE : March 25, 2022
ORDER TIME : 9:03 AM
ORDER NO. : 573316-005
CUSTOMER NO: 8020532
DOMESTIC FILING
NAME: SEABOARD BERRY FARMS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LE	MITED LIABILITY COMPANY	- 10 mg
ARTICLE I - Name:		
The name of the Limited Liability Company is:		1:09 PM 1:09
Seaboard Berry Farms, LLC		••
(Must contain the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")	17. Jacobinas . TE
ARTICLE II - Address:		9
The mailing address and street address of the principal office of the L	Limited Liability Company is:	***************************************
Principal Office Address:	Mailing Addre	<u>ess</u> :
3932 Moores Lake Road	3932 Moores Lake Road	
Dover, FL 33527	Dover, FL 33527	
		
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Another business entity with an active Florida registration.)		ividual or
The name and the Florida street address of the registered agent are:		
Corporation Service Company		
Name		

Florida street address (P.O. Box NOT acceptable) 32301 Tallahassee FL City Zip State

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

1201 Hays Street

Registered Agent's Signature (REQUIRED)

Ulxus Weiland, assistant va president

(CONTINUED)

Title: "AMBR" = Authorized Member "MCR" = M	Name and Address:	
"MGR" = Manager		
<u>President</u>	Daniel Balbas	
	3932 Moores Lake Road Dover, FL 33527	
Vice President	Chuck Mendes	
	3932 Moores Lake Road	
	Dover, FL 33527	
Vice President	Jeff Haber	<u></u>
	3932 Moores Lake Road	
	Dover, FL 33527	
		Fixs
CFO/Treasurer	Kyle Bunstein	<i>ن</i> :
	3932 Moores Lake Road Dover, FL 33527	———— <u>—————————————————————————————————</u>
(Use attachment if necessary)		
•		QD
LEV: Effective date, if other than the o	late of filing:	(OPTIONAL)
rrective date is listed, the date must be e of filing.)	specific and cannot be more than five husines	s days prior to or 90 da
If the date inserted in this block does n	ot meet the applicable statutory filing requireme	ents, this date will not be
nument's effective date on the Department	ent of State's records.	odie ivili liot ot
LE VI: Other provisions, if any.		

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.

Kyle Bunstein, CFO of Southern Pacific Farming, Inc., member
Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

REOUIRED SIGNATURE:

Attachment Article IV

Secretary	James Pingel 3932 Moores Lake Road Dover, FL 33527	
Authorized Representative	Justin Pettit 3932 Moores Lake Road Dover, FL 33527	

mm MAR 28 PM 1: 09