Fax: 17724647700 Fax: (850) 617-6381 Page: 4 of 9 12/15/2022 1:24 PM From: Lindy Briglia

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: perryfarmllc@me.com

FLORIDA LIMITED LIABILITY CO. A, PERRY TRUST, LLC

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ARTICLES OF ORGANIZATION OF

A. PERRY TRUST, LLC

ARTICLE I: NAME

The name of the limited liability company is A. PERRY TRUST, LLC (the "LLC").

ARTICLE II: ADDRESS

The principal office and mailing address of the LLC is 1490 Western Drive, Moore Haven, Florida 33471.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the initial registered agent of the LLC are:

Carl S. Perry 1490 Western Drive Moore Haven, Florida 33471

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization. Thereby 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 myduties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605 of the Florida Statutes.

Carl S. Perry

ARTICLE IV: EFFECTIVE DATE AND TIME

The effective date and time of these Articles of Organization shall be upon filing.

ARTICLE V: PURPOSE

The LLC is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

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ARTICLE VI: DURATION

The LLC is formed for an indefinite duration.

ARTICLE VII: MANAGEMENT

The LLC will be manager-managed.

ARTICLE IX: MANAGER

The name and address of each person authorized to manage and control the LLC:

Title: Name and Address:

Carl S. Perry **MGR**

1490 Western Drive

Moore Haven, Florida 33471

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.

Carl S. Perry, authorized member

representative

Date: 12/14 . 2022