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| AC | COUNT NO. : 07210000032 | |
| | REFERENCE : 106405 9761A | |
| AUTH | IORIZATION: Patricia typ | icts |
| C | COST LIMIT : \$ 122.50 | |
| ORDER DATE : C | October 2, 1996 | |
| ORDER TIME : 1 | .0:22 AM | |
| ORDER NO. : 1 | .06405 | 100001963151 |
| CUSTOMER NO: | 9761A | |
| | ert M. Lloyd, Esq LL GRIFFIN JEFFRIES & LLOYD | |
| 311 | e 200 South Second Street Pierce, FL 34950 | 681641 |
| | DOMESTIC FILING | D 150 6001 |
| NAME: | ABERCROMBIE CITRUS, INCCTIVE DA | SEE |
| | EFFECTIVE DATE: | 1:596 OCT |
| | OF INCORPORATION ATE OF LIMITED PARTNERSHIP | RECE OCT -2 JON OF C |
| PLEASE RETURN T | THE FOLLOWING AS PROOF OF FILING: | CEIVED -2 PM 1:5 |
| | ED COPY STAMPED COPY CCATE OF GOOD STANDING | RECEIVED 60CT-2 PH I:58 ISION OF CORPORATION |

CONTACT PERSON: Lynne Roberts

EXAMINER'S INITIALS: DIMC 10/2/16

ARTICLES OF INCORPORATION

FILED

OF

96 OCT -2 PM 1:59

ABERCROMBIE CITRUS, INC.

SEC TALLAMASSEZ, FLORIDA

ARTICLE I - NAME

The name of this corporation is ABERCROMBIE CITRUS, INC., a Florida Corporation.

ARTICLE II - DURATION

This corporation shall exist perpetually.

EFFECTIVE DATE

ARTICLE III - PURPOSE

10-1-96

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - INITIAL PRINCIPAL OFFICE

The street address and mailing address of the initial principal office of this Corporation is 175 Boyd Road, Fort Pierce, Florida 34945.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue ten thousand (10,000) shares of One Dollar (\$1.00) par value common stock.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 311 South Second Street, Suite 200, Fort Pierce, Florida 34950, and the name of the initial registered agent of this corporation at that address is Robert M. Lloyd.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one (1).

The names and addresses of the initial directors of this corporation are:

NAME

ADDRESS

Derrell L. Abercrombie

175 Boyd Road Fort Pierce, Florida 34945

Jo Ann S. Abercrombie

175 Boyd Road Fort Pierce, Florida 34945

ARTICLE VIII - INCORPORATORS

The name and address of the person signing these Articles is:

NAME

ADDRESS

Robert M. Lloyd

311 South Second Street Suite #200 Fort Pierce, Florida 34950

ARTICLE IX - EFFECTIVE DATE

The Corporation shall commence doing business on October 1, 1996.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 1st day of October, 1996.

Select / Kon

STATE OF FLORIDA)

ST. LUCIE COUNTY)

BEFORE ME, a notary public authorized to take acknowledgments in the state and county aforesaid, personally appeared ROBERT M. LLOYD, known to me and known by me to be the person who executed the foregoing Articles of Incorporation and he acknowledged before me that he executed those Articles of Incorporation and did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at Fort Pierce, said county and state, this AST day of October, 1996.

STACY EXING CONSALVO

Notary Public - State of Florida

My commission expires:

STACY EWING CONSALVO FAY COMMISSION # CC 363760 EXPIRES: May 17, 1993 Bordod Thru Kutary Public Underwriters

I HEREBY ACCEPT the foregoing designation as Resident Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

DATED this 1st day of October, 1996.

ROBERT M. LLOYD

LAW OFFICES

NEILL GRIFFIN JEFFRIES & LLOYD

CHARTERED

JII SOUTH SECOND STREET

RICHARD V. NEILL
CHEATER B. OFFIN
MICHAEL REFEREN
ROBERT J. CO.
J. STIGNEN TIEF HE., III
RICHARD V. NEILL J. III
RICHARD V. NEILL J.

FORT PIERCE, FLORIBE 349E0
MAILIN ADDRESS:
DST OF ICE BOX 1270
RT PIE CE, FL 349E4
TEI PHONE (561) 464-8200
AX (561) 464-2566

Department of State Division of Corporations 409 East Gains Street P.O. Box 6327 Tallahassee, FL 32314

RE: Abercrombie Citrus, Inc.

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent for the above corporation together with this firm's check in the amount of \$35.00 which represents the filing fee.

Please file the enclosed form and provide the undersigned with confirmation of the filing. A self addressed stamped envelope is provided for this purpose.

With best regards.

Very truly yours,

Robert M. Lloyd

/sec Encl.

cc: Mr. and Mrs. Derrell L. Abercrombie

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SECRETARY OF STATE

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*****35.00 *****35.00

De la Constant

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 1a. The name of the corporation is:ABERCROMBIE CITRO | JS, INC. |
|---|---|
| 1b. The mailing address of the corporation is: 175 Boyd | l Road |
| Fort Pie | rce, FL 34945 |
| 1c. Date of incorporation: October 2, 1996 Docum | nent number: |
| 2. The name and address of the current registered agen Robert M. Lloyd | t and office: ASS 55 05T ASS |
| 311 South Second Street, Suite 200 | T 15 FIRN FASSE |
| Fort Pierce, FL 34950 | |
| 3. The name and address of the new registered agent and Dermell L. Abercrambie | Office:(P.O. Box Not Acceptable) |
| 175 Boyd Road | |
| Fort Pierce, FL 34945 | |
| The street address of its registered office and the street registered agent, as changed, will be identical. | et address of the business office of its |
| Such change was authorized by resolution duly adopted to so authorized by the board. | |
| (Signature of an officer, chairman or PASINGS) | 9 Oct 96 . |
| Printed or typed name and title) Having been named as registered asset and to see the second asset as the second | |
| Having been named as registered agent and to accept corporation, I hereby accept the appointment as registere I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and registered agent. | Service of process for the above stated agentand agree to actin this capacity. Utes relative to the proper and complete accept the obligation of my position as |
| Devill 2. Macacachi (Signature of Registered Agent) | 9 Oct 96 |
| lisigning on behalf of an entity: | |
| (Typed or Printed Name) | 100 |
| • | (Capacity) 7, Tallahassee, FL 32314 |