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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Equiflor Farms Inc.

- ☐ Walk In
☐ Mail Out
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- ☒ Certified Copy
☐ Certificate of Status
☐ Certificate of Good Standing
☐ ARTICLES ONLY
☐ ALL CHARTER DOCS

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

- ☐ Certificate of FICTITIOUS NAME
☐ FICTITIOUS NAME SEARCH
☐ CORP SEARCH

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

7/2/99
[Signature]

Ordered By: _____

ARTICLES OF INCORPORATION

OF

EQUIFLOR FARMS, INC.

The undersigned hereby organize and subscribe to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

EQUIFLOR FARMS, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

**810 SW 80 Street
Ocala, FL 34476**

and the name of its initial Registered Agent at such address shall be:

ANTHONY A. SARANDES

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V.

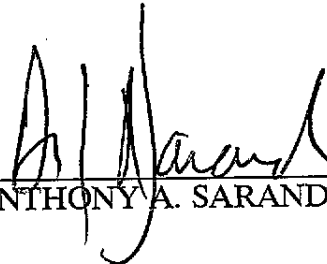
The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The names and addresses of the incorporator are:

Anthony A. Sarandes
810 SW 80 Street
Ocala, FL 34476

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 29 day of June, 1999.



ANTHONY A. SARANDES

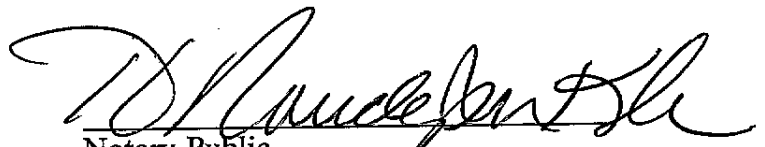
STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared ANTHONY A. SARANDES who is/are personally known to me or produced _____ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Marion County, Florida this 29 day of June, 1999.




H. Randolph Klein
MY COMMISSION # CC627668 EXPIRES
June 12, 2001
BONDED THRU TROY FAIR INSURANCE, INC.



Notary Public
My commission expires:

Having been named Registered Agent of EQUIFLOR FARMS, INC., I hereby
accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes
as same pertain to the office of Registered Agent.



ANTHONY A. SARANDES
Registered Agent

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