

Florida Department of State

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.
ARK PRODUCE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**
EIN: 99-4410476

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARK PRODUCE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4708 NW 107TH AVE APT 506

DORAL FLORIDA 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

ANDY CEVALLOS

4708 NW 107 AVE APT 506

DORAL FL 33178

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

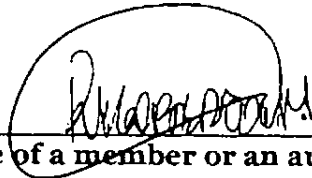
MARTINEZ GOMEZ, JULIO RIGOBERTO (AMBR)

JULIO RIGOBERTO MARTINEZ ESPINOZA (MGR)

KAREM DOMENICA MARTINEZ ESPINOZA (MGR)

BELGICA KARINA ESPINOZA CEVALLOS (AMBR)

ANDY CEVALLOS (MGR)

Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JULIO RIGOBERTO MARTINEZ GONZALEZ**Typed or printed name of signee**

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..


Registered Agent's Signature (REQUIRED)

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