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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : SOSME ACCOUNTING & TAX SERVICES LLC
 Account Number : I20200000102
 Phone : (954)998-1035
 Fax Number : (954)573-1480

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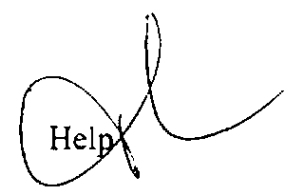
****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 ILICANTO GRAINS FOOD LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ILICANTO GRAINS FOOD LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

888 SW 131ST CT APT 203
MIAMI, FL 33186

888 SW 131ST CT APT 203
MIAMI, FL 33186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

GIUSEPPE DE GIOIA
Name

888 SW 131ST CT APT 203
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33186
City State Zip

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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.

Giuseppe De Gioia
Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	
"MGR" - Manager	
<u>MGR</u>	<u>GIUSEPPE DE GIOIA</u>
	<u>888 SW 131ST CT APT 203</u>
	<u>MIAMI FL 33186</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: *Giuseppe De Gioia*

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (h), 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.

GIUSEPPE DE GIOIA
Typed or printed name of signee

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