

Florida Department of State  
Division of Corporations  
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**L24600186388**

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To:

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

From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
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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: t4christ@gmail.com

FLORIDA LIMITED LIABILITY CO.  
Agro Pow(d)er, LLC

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**ARTICLES OF ORGANIZATION  
OF  
AGRO POW(D)ER, LLC**

ARTICLE I - NAME

The name of this limited liability company is Agro Pow(d)er, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 416 Glenview Drive, Tallahassee, Florida 32303.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 416 Glenview Drive, Tallahassee, Florida 32303. The name of the initial registered agent of the Company at that address is Thomson Paris.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company and the initial manager of the Company is Thomson Paris.



\_\_\_\_\_  
Thomson Paris, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



\_\_\_\_\_  
Thomson Paris

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