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AZ CORPORATION COMMISSION  
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MAR 18 2014

FILE NO. L1897562-3

JAN 18 2014

FILE NO. L-18975623AZ CORPORATION COMMISSION  
FILED

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ALC USE ONLY.

**ARTICLES OF ORGANIZATION**Read the Instructions L0101

- 1.
- ENTITY TYPE**
- check only one to indicate the type of entity being formed:

☒ LIMITED LIABILITY COMPANY☐ PROFESSIONAL LIMITED LIABILITY COMPANYFILE NO. L18975623

- 2.
- ENTITY NAME**
- see Instructions
- L0101
- for naming requirements - give the exact name of the LLC:
- 
- MAKAS HARVESTING LLC.**

- 3.
- PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES**
- If professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

4. **STATUTORY AGENT** - see Instructions L0101

|                                                                                                                                                            |                                                                |                                                                                          |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>4.1 REQUIRED</b> - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent: |                                                                | <b>4.2 OPTIONAL</b> - mailing address in Arizona of Statutory Agent (can be a P.O. Box): |                                                                |
| <b>HERIBERTO DE LA CRUZ</b><br><small>Statutory Agent Name</small>                                                                                         |                                                                |                                                                                          |                                                                |
| <small>Address (optional)</small><br><b>309 EAST 12TH STREET</b><br><small>Address 1</small>                                                               |                                                                | <small>Address (optional)</small><br><b>P.O. BOX 1274</b><br><small>Address 1</small>    |                                                                |
| <small>Address 2 (optional)</small><br><small>City</small> <b>SOMERTON</b>                                                                                 | <small>State</small> <b>AZ</b> <small>Zip</small> <b>85350</b> | <small>Address 2 (optional)</small><br><small>City</small> <b>SOMERTON</b>               | <small>State</small> <b>AZ</b> <small>Zip</small> <b>85350</b> |

**4.3 REQUIRED** - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

- 5.1 Is the Arizona known place of business address the same as the street address of the statutory agent? ☒ Yes - go to number 6 and continue  
☐ No - go to number 5.2 and continue

- 5.2 If you answered "No" to number 5.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

|                                     |                      |                    |                        |
|-------------------------------------|----------------------|--------------------|------------------------|
| <small>Address (optional)</small>   |                      |                    |                        |
| <small>Address 1</small>            |                      |                    |                        |
| <small>Address 2 (optional)</small> |                      |                    |                        |
| <small>City</small>                 | <small>State</small> | <small>Zip</small> | <small>Country</small> |

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**6. DURATION** - the duration or life period of the LLC is presumed to be perpetual unless one of the boxes is checked below and the corresponding blank is filled in:

- ☐ The LLC's life period will end on this date: \_\_\_\_\_ (enter a date)
- ☐ The LLC's life period will end upon the occurrence of this event \_\_\_\_\_ (describe an event)

**COMPLETE NUMBER 7 OR NUMBER 8 - NOT BOTH.**

- 7. MANAGER-MANAGED LLC** - see Instructions L0101 - check this box ☒ If management of the LLC will be vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 8. MEMBER-MANAGED LLC** - see Instructions L0101 - check this box ☐ If management of the LLC will be reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 9. ORGANIZERS** - list the name and address, and provide the signature, of each and every organizer - minimum of one is required. If more space is needed, check this box ☐ and complete and attach the Organizer Attachment form L042.

**HERIBERTO DE LA CRUZ**

Name

**P.O. BOX 1274**

Address 1

**309 EAST 12TH STREET**

Address 2 (optional)

**SOMERTON**

**AZ**

**85350**

City

**UNITED STATES**

State

Zip

Country

**SIGNATURE - see Instructions L0101:**

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

*Heriberto de la Cruz*

Signature

**HERIBERTO DE LA CRUZ**

**3/3/2014**

Printed Name

Date

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

- ☐ Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is:

- ☐ LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:

Name

Address 1

Address 2 (optional)

City

State

Zip

Country

**SIGNATURE - see Instructions L0101:**

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

- ☐ Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is:

- ☐ LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:

Filing Fee: \$50.00 (regular processing)  
Expedited processing - add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission  
Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.  
If you have questions after reading the instructions, please call 602-542-3036 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE RESERVED FOR ACF USE ONLY.

**MANAGER STRUCTURE ATTACHMENT**

- ENTITY NAME** - give the exact name of the LLC (foreign LLCs - give name in domicile state or country):  
**MAKAS HARVESTING LLC.**
- A.C.C. FILE NUMBER (if known)**  
Find the A.C.C. file number on the upper center of filed documents OR on our website at: <http://www.mak-harvesting.com/accinfo.asp>
- Check one box only to indicate what document the Attachment goes with:  
☒ Articles of Organization      ☐ Articles of Amendment  
☐ Application for Registration      ☐ Articles of Amendment to Application for Registration
- MANAGERS / MEMBERS** - give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed - do not check both member boxes. If more space is needed, use another Manager Structure Attachment form.

|                                             |                                                                                                         |                                  |                                                                                              |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|
| <b>HERIBERTO DE LA CRUZ</b>                 |                                                                                                         |                                  |                                                                                              |
| Name                                        |                                                                                                         | Name                             |                                                                                              |
| <b>P.O. BOX 1274</b>                        |                                                                                                         |                                  |                                                                                              |
| Address 1                                   |                                                                                                         | Address 1                        |                                                                                              |
| <b>309 EAST 12TH STREET</b>                 |                                                                                                         |                                  |                                                                                              |
| Address 2 (optional)                        |                                                                                                         | Address 2 (optional)             |                                                                                              |
| <b>SOMERTON</b>                             | <b>AZ</b>                                                                                               | <b>85350</b>                     |                                                                                              |
| City                                        | State or Province                                                                                       | Zip                              |                                                                                              |
| <b>UNITED STATES</b>                        |                                                                                                         |                                  |                                                                                              |
| Country                                     | <input checked="" type="checkbox"/> 20% or more member<br><input type="checkbox"/> Less than 20% member | Country                          | <input type="checkbox"/> 20% or more member<br><input type="checkbox"/> Less than 20% member |
| <input checked="" type="checkbox"/> Manager |                                                                                                         | <input type="checkbox"/> Manager |                                                                                              |
| Name                                        |                                                                                                         | Name                             |                                                                                              |
| Address 1                                   |                                                                                                         | Address 1                        |                                                                                              |
| Address 2 (optional)                        |                                                                                                         | Address 2 (optional)             |                                                                                              |
| City                                        | State or Province                                                                                       | City                             | State or Province                                                                            |
| Country                                     | <input type="checkbox"/> 20% or more member<br><input type="checkbox"/> Less than 20% member            | Country                          | <input type="checkbox"/> 20% or more member<br><input type="checkbox"/> Less than 20% member |
| <input type="checkbox"/> Manager            |                                                                                                         | <input type="checkbox"/> Manager |                                                                                              |
| Name                                        |                                                                                                         | Name                             |                                                                                              |
| Address 1                                   |                                                                                                         | Address 1                        |                                                                                              |
| Address 2 (optional)                        |                                                                                                         | Address 2 (optional)             |                                                                                              |
| City                                        | State or Province                                                                                       | City                             | State or Province                                                                            |
| Country                                     | <input type="checkbox"/> 20% or more member<br><input type="checkbox"/> Less than 20% member            | Country                          | <input type="checkbox"/> 20% or more member<br><input type="checkbox"/> Less than 20% member |
| <input type="checkbox"/> Manager            |                                                                                                         | <input type="checkbox"/> Manager |                                                                                              |

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**STATUTORY AGENT ACCEPTANCE***Please read Instructions M002!*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

MAKAS HARVESTING LLC.

2. **A.C.C. FILE NUMBER** (If entity is already Incorporated or registered in AZ):

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

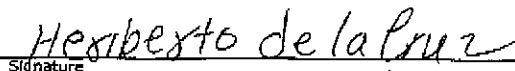
3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

HERIBERTO DE LA CRUZ

**STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Signature

HERIBERTO DE LA CRUZ

Printed Name

5/19/2014

Date

**REQUIRED** – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)  
Expedited processing – (available only if this form is submitted by itself) add \$35.00 to filing fee.  
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.