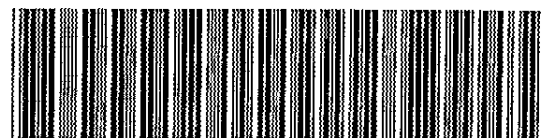


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DEPT OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
FRESH MANAGEMENT, LLC  
a Florida Limited Liability Company**

FILED  
03 SEP 26 PM 3:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE 1-NAME:** The name of the limited liability company is FRESH MANAGEMENT, LLC.

**ARTICLE 2 - MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE:**  
The mailing and street address of the principal office of the limited liability company is: 16200 NW 59<sup>th</sup> Ave, Suite #107, Miami Lakes, Florida, 33014.

**ARTICLE 3 - REGISTERED AGENT:** The name and address of the registered agent is: Les Z. Kocsis, 16200 NW 59<sup>th</sup> Ave, Suite #107, Miami Lakes, Florida, 33014.

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 agent as provided for in Chapter 608, F.S.



\_\_\_\_\_  
**Les Z. Kocsis**

**ARTICLE 4 - MANAGEMENT:** The business of the limited liability company shall be managed by one or more managers and is, therefore, a manager-managed company.

**FRESH MANAGEMENT, LLC**



By: \_\_\_\_\_  
**Les Z. Kocsis, Manager**