(Re	questor's Name	)	
(Ad	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificate	es of Status	
Special Instructions to Filing Officer:			
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M. HODGES

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: FRESH ENTER PRISES LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott D. MERIT
FRESH ENTERPRISES LLC
POBOX 88
FREEPORT F1. 32439-0088
For further information concerning this matter, please call:
Scott A. MERIT at (850) 259 - 4412 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
FRESH ENTERPRISES 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:
19702 U.S. 331 RO.BOX 88 FREE PORT, Fl. 32439 - CO89
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:  Scott N. MERIT  Name  5951 ST. Rd. 20 E.  Florida street address (P.O. Box NOT acceptable)  FREEPORT FL 32439  City, State, and Zip
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 608, F.S

(CONTINUED)

egistered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:	-+ <del>-</del>
"MGRM" = Managing Member  MGRM	Scott A. MERITT POBOX 88 FREEDERT, Fl. 32	- <del>7</del> 439-0088
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(Use attachment if necessary)		<del>-</del> -
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:	r or an authorized representative of a member.	
(In accordance with sec	tion 608.408(3) Florida Statutes, the execution tutes an affirmation under the penalties of perjury	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee