

L050000 70309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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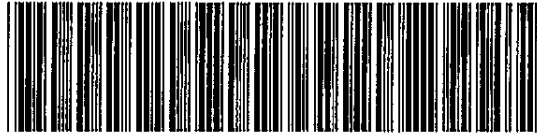
(Business Entity Name)

(Document Number)

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FILED  
05 JUL 18 AM 7:26  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 489676 7112600

AUTHORIZATION :

*Patricia P...*

COST LIMIT : \$ 125.00

FILED  
05 JUL 18 AM 7:26  
TALLAHASSEE, FLORIDA

ORDER DATE : July 18, 2005

ORDER TIME : 3:36 PM

ORDER NO. : 489676-005

CUSTOMER NO: 7112600

CUSTOMER: Kathy Kolakowski  
Mcintyre & Company

191 Woodport Road

Sparta, NJ 07871

DOMESTIC FILING

NAME: NATIONAL FRUIT & ESSENCES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
05 JUL 18 AM 7:26  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Fruit & Essences LLC

ARTICLE II - Address:

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

Principal Office Address:

11023 Mill Creek Way  
Unit 703  
Ft. Meyers FL 33913

Mailing Address:

same

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

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

Kathleen Medore  
Name

11023 Mill Creek Way Unit 703  
Florida street address (P.O. Box NOT acceptable)

Ft. Meyers FLORIDA 33913  
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, Florida Statutes..*

By: Kathleen Medore  
Registered Agent's Signature

**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" = Managing Member

**Name and Address:**MGRMKathleen Medore  
11023 Mill Creek Way Unit 703  
Ft. Meyers FL 33913MGRMJohn A. Medore  
11023 Mill Creek Way Unit 703  
Ft. Meyers FL 33913MGRMVictor J. Medore  
11023 Mill Creek Way Unit 703  
Ft. Meyers FL 33913

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: Felix McIntyre  
Typed or printed name of signee**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)