Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060000665193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone

(305) 599~0839

Fax Number

: (305)716-0346

FLORIDA/FOREIGN LIMITED LIABN

NEWPORT PRODUCE LLC

Certificate of Status	
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: NEWPORT PRODUCE LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 21.21 NW 24 AVE MIAMI, FL 33142 SAME

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

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

MERCEDE	S B.	
		Name
2121 NW	24	AVENUE
Florida stre	et addres	(P.O. Box NOT accepta
MIAMI,	<b>F</b> L	33142
	Čity, Šta	te, and Zip Code

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 oil 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..

Registered Agent's Signature

(CONTINUED)

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" = Man: "MGRM" = M:	ager anaging Member	Name and Address:	
MGRM	<u> </u>	MERCEDES B. CRESPO 2121 NW 24 AVE MIAMI, FL 33142	
<u>.                                    </u>	<u> </u>		
	<u>-</u>		
(Use attachme	nt is necessary		
Note: An addi	tional article must be added if an c	Nective date is requested.	
REQUIRED S	Signature of a metaber or an author	ized representative of a member.	
	(In accordance with section 608,408( of this document constitutes an affirm that the facts stated herein are true.) MERCEDES B. CF	ation under the penaltics of perjury	
	Typed or printed	name of signee	

Page 2 of 2