

## Florida Department of State

Division of Corporations Public Access System

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

## Fax Number : (850) 205-0383 From: Account Name : BERRIZ & GIRALDO P.A. Account Number : I19990000017 Phone : (305) 485-9300 Fax Number : (305) 485-1098 FLORIDA/FOREIGN LIMITED LIABILITY CO.

FRUTAEXPORT, LLC.

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITIE QUIPANY

OF

FRUTAEXPORT, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

FRUTAEXPORT, LLC.

**ARTICLE II - ADDRESS** 

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

> 11713 SW 137 PATH MIAMI, FL. 33186

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

## JOSE RICARDO TROCHEZ

11713 SW 137 PATH Florida street address (P.O.BOX NOT acceptable) MIAMI, FL. 33186 City, State, and Zip

BERRIZ & GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

406 000 154517 B.ED

Having been named as registered agent and to accept service of process-forthe A 10: 38 above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to  $\widetilde{\text{act}}$  in this  $\widehat{S}_{C}^{RY}$  of STATE capacity. I further agree to comply with the provisions of all statutes relating to FLORIDA 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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JOSE RICARDO TROCHEZ 11713 SW 137 PATH MIAMI, FL. 33186

MANAGER

JAIME ESCAMILLA 11713 SW 137 PATH MIAMI, FL. 33186

MANAGER

(An additional article must be added if an effective date is requested)

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.)

JOSE RICARDO TROCHEZ

Typed or printed name of signee

Hob 000 1545173.