9000043947

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
MAY - 6 2009			
EXAMINER			

Office Use Only



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04/22/09--01009--012 **160.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2009

MATTHEW P. MCGEE 701 PAUL ST. KISSIMMEE, FL 34741

SUBJECT: FRESH., LLC Ref. Number: W09000019427

We have received your document for FRESH., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 609A00013907

COVER LETTER

TO:

Registration Section

Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew P. Migee
(Name of Person) (Firm/Company) For further information concerning this matter, please call: Matthew MG e e at (407) 697-3435 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$160.00 Filing Fee, □\$155.00 Filing Fee & \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e :			
The name of the Lin	nited Liability Company is:			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
(/				
ARTICLE II - Add				
The mailing address	and street address of the principal office of the Limite	d Liability Company is:		
Principal Office Ad	dress: Mailing Address:			
701 Paul S Kissimmee	treet Mathew M 1-1- 34741 701 Paul St Kissimmre, F	Gel 2 34741		
ARTICLE III - Reg (The Limited Liability Corr business entity with an act	plany cannot serve as its own Registered Agent. You must designate an ive Florida registration.)	ent's Signature: individual or another		
The name and the Fl	orida street address of the registered agent are:			
_	Mathan MGee	2009 MAY -4 SECRETARY TALLAHASSE		
	Name	HA T		
_	701 Parel St.	SSEE.		
	Florida street address (P.O. Box NOT acceptable) He se w		
	Kissimmee FL 34741	100 - 100 -		
_	City, State, and Zip	PH 1:07 OF STATE OF LORRIDA		
	as registered agent and to accept service of process for at the place designated in this certificate, I hereby acce	the above stated limited		

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..

Registered Agent's Signature (REQUIRED)

(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" = Manager	Name and Address:
"MGRM" = Managing Member	Matthew M Gee 701 Paul St Vissimmer, FL 34741
MGIZM	Daniel Rivera 716 Steandolph Ave. Assimmee, EL 34741
	Z009 HA
(Use attachment if necessary)	TARY OF STATE LORIGIES
ARTICLE V: Effective date, if other than the da	tte of filing: (OPTIONAL) pecific and cannot be more than five business days prior
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.)

Mosthew MGee
Typed or printed name of signee

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)