

U12 000065235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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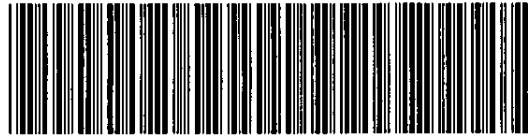
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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T. CLINE

MAY 15 2012

EXAMINER

**To: Registration Section  
Division of Corporations**

**SUBJECT:** Fresh Squeeze, LLC

The enclosed Articles of Organization and fee are submitted for filing. Please return all correspondence concerning this matter to:

Carolyn Gilbert Epstein  
Fresh Squeeze, LLC  
7701 SW 50 Court  
Miami, FL 33143

**Email address:** Carolynge@bellsouth.net

For any additional information, call Carolyn Gilbert Epstein at 305-310-6346.

Enclosed is a check for the following amount:  
\$160 for filing fee, Certificate of Status and Certified Copy (additional copy enclosed)

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Fresh Squeeze, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

7701 SW 50 Court  
Miami FL 33143

#### Mailing Address:

7701 SW 50 Court  
Miami FL 33143

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Judy Gilbert-Gould  
Name

6489 Sunset Drive

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33143  
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.*

Judy Gilbert-Gould  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

MGRM

**Name and Address:**

Carolyn Gilbert Epstein  
7701 SW 50 Court  
Miami, FL 33143

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Carolyn Gilbert Epstein

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Carolyn Gilbert Epstein

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)**

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