

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE

1/1/2013

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address:

FILED
12 DEC 21 AM 9:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO.
SELECTIVE PRODUCE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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DEC 26 2012

EXAMINER

EFFECTIVE DATE 1/1/2013

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SELECTIVE PRODUCE LLC

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

FILED
12 DEC 21 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ty Company

ARTICLE 11 - Address:

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

Principal Office Address:

1404 NW 23 St.
Miami FL 33142

Mailing Address:

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:

PEDRO	MENDEZ
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NAME _____

1404 NW 23 ST.

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

Miami FL 33142

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.


Registered Agent

(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:**PEDRO MENDEZ
1404 NW 23 ST.
MIAMI FL 33142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-01-13 (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:
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.)

PEDRO MENDEZ
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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