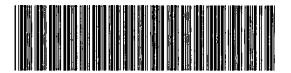
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(Ac	dress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

FRESH FROM SOUTH FLORIDA, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yosley	Suarez Ortiz		
		Name of Person	
		Firm/Company	
21500	sw 184 pl		
-		Address	
Miami,	FI 33187		
	Cit	y/State and Zip Code	
rjj5656@y	/ahoo.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Mirveyis M		786 \ 255-525	58
Name	of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check f	or the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Com	pany is:			
FRESH FROM SOU					
(1	Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A The mailing addr		of the principal office of the Limited 1	Liability	Com	pany is:
Principal Office	Address:	Mailing Address:			
21500 SW 184 PL		21500 SW 184 PL			
MIAMI, FL 33187		MIAMI, FL 33187		_	
(The Limited Liability business entity with a	Company cannot serve as its on active Florida registration.)	gistered Office, & Registered Agentown Registered Agent. You must designate an ind of the registered agent are: Z Name	ividual or at SECKETARY OF ST	nother 13 SEP 23 PM	FILED
	Florida	street address (P.O. Box NOT acceptable)	DRY ATE	1: 00	•
	Miami, Fl 33187	FL	>	2	
		City, State, and Zip			
liability comp registered agen all statutes relo	any at the place design t and agree to act in thi tting to the proper and	and to accept service of process for the ated in this certificate, I hereby accept is capacity. I further agree to comply complete performance of my duties, as on as registered agent as provided for	the appo with the p nd I am fo	ointm orovis amilia	ent as sions of ar with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MICHE — MISTSOPE	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
5 5		. Face
MGR	YOSLEY SUAREZ ORTIZ	<u> </u>
	21500 SW 184 PL	A
	Miami,FI 33187	SE C
MGR	RUBEN MONCAYO	. F
	15320 SW 192 ST	ORA -
	Miami, Fl 33187	<u> </u>
		· · · · · · · · · · · · · · · · · · ·
		
Use attachment if necessary)		
(Use attachment if necessary)		
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EV: Effective date, if other than the		
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LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a meaning of a meaning signature of a meaning signature.	ber or an authorized representative of	a member.
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LE V: Effective date, if other than to fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a menuse of	ber or an authorized representative of 06.408(3), Florida Statutes, the execution for the penalties of perjury that the facts somation submitted in a document to the E	a member. a of this document stated herein are true.
Feetive date, if other than to fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a menuse	ber or an authorized representative of 06.408(3), Florida Statutes, the execution der the penalties of perjury that the facts s	a member. a of this document stated herein are true.

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)