Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000079770 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number ; (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. FRESH DAILY LLC

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Help

APR - 7 2013



April 4, 2014

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE INC

SUBJECT: FRESH DAILY LLC

REF: W14000021406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000079770 Letter Number: 914A00007211

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SECTION OF STATE

TALLAHASSEE PLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(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: Mailing Address:	
15222 SW 46th LN UNITE SAME MAMI-FL 33185	
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 canother business entity with an active Florida registration.))f
The name and the Florida street address of the registered agent are:	
NOSE E DIAZ	
15222 SW. 46 LN UNIT. E	
Florida street address (P.O. Box NOT acceptable)	
MIAMI FL 33185	
·	
Having been named as registered agent and to accept service of process for the above stated limited liability co the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performing of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 605, F.S.	in this Ormance
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	
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Title: "AMBR" = Authorized Member "MGR" = Manager AMBP/MGR	Name and Address: 564 & SIAL 1522 Sur 46 TO IN UNIT E HIAUI-FU 33185
(Use attachment if necessary) CLE V: Effective date, if other than the da	ste of filing: (OPTIONAL)
effective date is listed, the date must be ate of filing.) CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 da

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