## L16000146920

(Re	equestor's Name)	<del></del>
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(BL	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: FRESH LOGISTICS 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:
TOM MANGUS
Ton MANGUS  Name of Person
FRESH LOGISTICS LLL
Firm/Company
800 EAST WINDWARD WAY #201 Address
LANTANA FL 33462 City/State and Zip Code
City/State and Zip Code
TMANGUS (O OUTLOOK: (OM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tem Mangers  at (609) 828-6391  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee &  □\$155.00 Filing Fee &  □\$160.00 Filing Fee,
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee FI 32314 .2661 Evenutive Center Circle

Tallahassee, FL 32301

FILED

	NFOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALL AHASSEE FLORIDA
FRESH LOGISTICS LLC	Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE.II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
806 EAST WINDWARD WAY	# ZOI LANTANA FL 33462
# 201	#201
ZANTANA PE SEYGE	ZANTANA PZ 33 TOZ
another	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 re-	egistered agent are:
another business entity with an active Florida registration. The name and the Florida street address of the re-	egistered agent are:
another business entity with an active Florida registration.  The name and the Florida street address of the re  Tom Man	egistered agent are:  Name
another business entity with an active Florida registration.  The name and the Florida street address of the re  Tom Mar  806 EAST W	egistered agent are:  NGUS  Name  NNNNWARN WAY # 201
another business entity with an active Florida registration.  The name and the Florida street address of the re  Tom Mar  806 EAST W	egistered agent are:  Name
another business entity with an active Florida registration.  The name and the Florida street address of the re  Tom Mar  806 EAST W  Florida street address (F	egistered agent are:  NGUS  Name  INNUARA WAY # 201  P.O. Box NOT acceptable)
another business entity with an active Florida registration.  The name and the Florida street address of the re  Tom Mar  806 EAST W  Florida street address (F	egistered agent are:  NGUS  Name  NNNNWARN WAY # 201

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

PRI L			المالية المالية	04 0 1 7
Title: "AMBR" = Authorized	<u>Na</u> Member	me and Address:	16 AUG - 1	PM 2: 47
"MGR" = Manager AMBR		TOM MANGUS 806 EAST WIND LANTANA FL	SECRETAR'	Y OF STATE
<del>- : :</del>	<del>-</del>	806 EAST WINI	WALDWAYZ	±201
		ZANTANA FZ 3	534E2_	
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RTICLE V: Effective date, if of an effective date is listed, the edate of filing.)  RTICLE VI: Other provisions,  REQUIRED SIGNAT  S  (In accordance with constitutes an affirmation unit I am aware that any false info	ther than the date of filing:	authorized representative or the facts stated herein are tent to the Department of S.5, F.S.)	e of a member. on of this document	o or 90 days af

Page 2 of 2