

10/28/2019

Division of Corporations

Florida Department of State
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : TORRES & VADILLO, LLP
 Account Number : 120150000033
 Phone : (305)485-9700
 Fax Number : (305)436-0191

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

Email Address: torres@torresvadillo.com

**FLORIDA LIMITED LIABILITY CO.
 TRUCKFRESH USA LLC**

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STANDARD FILING

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRUCKFRESH USA 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:

XIOMARA POLANCO

Name of Person

SANCHEZ VADILLO LLP

Firm/Company

11402 NW 41 STREET, SUITE 202

Address

DORAL, FLORIDA 33178

City/State and Zip Code

XPOLANCO@SVLAWUS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA POLANCO

305

485-9700

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
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(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

07/10/2019 10:15:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUCKFRESH USA LLC

(Must contain 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:

11402 NW 41 STREET
SUITE 202
DORAL, FLORIDA 33178

Mailing Address:

11402 NW 41 STREET
SUITE 202
DORAL, FLORIDA 33178

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:

SANCHEZ VADILLO LLP

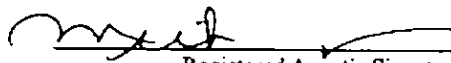
Name

11402 NW 41 STREET, SUITE 202

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

<u>DORAL</u>	<u>FL</u>	<u>33178</u>
City	State	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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-19

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

FABIO DANIEL ATARIA

11402 NW 41 STREET, SUITE 202

DORAL, FLORIDA 33178

MGR

RICARDO AMADEO ATARIA

11402 NW 41 STREET, SUITE 202,

DORAL, FLORIDA 33178

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

MICHELLE G SANCHEZ, INCORPORATOR

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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