

Division of Corporations

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

From: Account Name : CLARA GIRALDO LMI LEAD AGENT  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

\*\*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.  
GAIA FRUT FRESH, LLC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 16

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**GAIA FRUT FRESH, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**GAIA FRUT FRESH, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**78 SW 7<sup>TH</sup> ST APT 500  
MIAMI FL, 33130**

The mailing address shall be:

**78 SW 7<sup>TH</sup> ST APT 500  
MIAMI FL, 33130**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**RUBEN CABALLERO**

**78 SW 7<sup>TH</sup> ST APT 500**  
Florida Street address (P.O.BOX **NOT** acceptable)  
**MIAMI FL, 33130**  
City, State, and Zip

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**TALLAHASSEE, FLORIDA**

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**

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**RUBEN CABALLERO**  
**78 SW 7<sup>TH</sup> ST APT 500**  
**MIAMI FL, 33130**

**MANAGER**

**ANTONY CABALLERO**  
**78 SW 7<sup>TH</sup> ST APT 500**  
**MIAMI FL, 33130**

**MANAGER**

**DANIEL LOPEZ**  
**78 SW 7<sup>TH</sup> ST APT 500**  
**MIAMI FL, 33130**

**MANAGER**

**LUIS LONDONO**  
**78 SW 7<sup>TH</sup> ST APT 500**  
**MIAMI FL, 33130**

**MANAGER**

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(An additional article must be added if an effective date is requested)

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**RUBEN CABALLERO**  
Typed or printed name of signee