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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Chiquita's Freight Transportation Services 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:
Chiquita Girley Name of Person
Firm/Company
2410 B Clemons Rd
Tallachassel F1. 32303
GINICUCHIQUITA DE-mailaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
C. Girley at (813) 330 - 4908 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Chiquitàs Freight	
(Must contain the words "Limited Liability C	Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
2410 B Clemons Rd	1830 Sylvan Ct. Apt. C
Jallahasal, Fi 32303	7014012026/1132303

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 indivi-	idual oi
another business entity with an active Florida registration.)	

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Name

1830 Sylvan CT. Apt C

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

Tallahassel F1. 30303

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Chiquita N. Girley
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after timeet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	it of State S records.
This document is exec I am aware that any fal constitutes a third degr	nember or an authorized representative of a member. Typed or printed name of signer. Typed or printed name of signer. Typed or printed name of signer.
	Typed or printed name of signer

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

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)