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Department of State Division of Corporations Electronic Filing Cover Sheet

<u>IS\_</u>CORPORATE

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(((H230000192063)))



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Division of Corporations

Fax Number : (850)617-5381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

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## FLORIDA LIMITED LIABILITY CO. FRUITY DISPATCH LLC

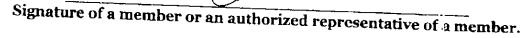
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	t
To it it	Пу 18:
ARTICLE II - Address	atch 110
ARTICLE II - Address:	
Company is:	the principal office of the Limited Liability
- 736 NW 8 ave F	FLOVIDA CITY, FLOVIDA
35034	Marica
ADTICLE	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of Company cannot serve as its own Registered Agent. You must dwith an active Florida registration.)	the registered agent are: (The Limited Liability esignate an individual or another business entity
Jasmine Baro 72	(- I) · > Ø
FLOTI da 33034	6 NW 8 are Florida City
ARTICLE IV	
The name and title of each person authorized Liability Company: (MGR or AMBR)	d to manage and control the Limited :- ~
Jasmine Baro	(AMBR)
	7
	· · · · · · · · · · · · · · · · · · ·
	- <u></u>

## Required Signatures:



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. 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.

Typed or printed name of signee

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)