Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. TROPICAL PRODUCE LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TROPICAL PRODUCE LLC	
The mailing address and street address of the principal office of the Limited L Company is:	iability
34650 Sw 188 AVE Lot 782	
MIAMI TL 33034	
ARTICIEUR	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Li Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	iability
MICHEL GOMES SIMPSON	
JAESO SW 188 AVE LOT	258
MIAMI FL 33034	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	d
MICHEL GOMEZ SIMPSON	23/
(AMBR)	- 7.3
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Required Signatures:

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. 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.

MICHEL GOMES SIMPSON

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 agen: as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)