L23000533974

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
()		
(Cit ₎	//State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
,	,	,
(D)	. () 1 1 1	
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	-iling Officer:	





700419219697

11/27/23--01007--004 **125.00

2023 NU , 27 🗥 5: 48

 n_{10}

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: IF Fresh Tooduction 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:
MARILYN GOMEZ, CPA
Name of Person
Firm/Company
6219 5W 21 STree T Address
Address
MIAMI, FZ 33/55
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. Gomez, CHA at F86, 337-0052 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

Mailing Address

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

Street Address
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

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
JF Fresh Production			W. I. O. P. WILLOW	
(Must con	tain the words "Limited	Lability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Li	mited Liability Company is:	
<u>Princi</u>	Principal Office Address:		Mailing Address:	
418 NW 4 Street	<u> </u>		418 NW 4 Street	
#304			#304	
Miami, Fl 33128			Miami, Fl 33128	
The name and the Florida stree	Juan Ivan Orengo Gu	J		
	418 NW 4 Street - # 304 Florida street address (P.O. Box			
			OT acceptable)	
	Miami	FL	33128	
	City	State	Zip	
Having been named as registered place designated in this certificat further agree to comply with the pam familiar with and accept the d	e, I hereby accept the approvisions of all statutes rebligations of my position	ointment as re elating to the p as registered o	gistered agent and agree to ac prop <mark>gr</mark> and complete performat	t in this capacity. I nce of my duties, and I
		CONTINI	IPN)	

(CONTINUED)

2023 NOV 27 AT 5: 48

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	- N
MGR	Juan Ivan Orengo Guerrido
	418 NW 4 Street - # 304
	Miami, Fl 33128
AMBR	Alicia Dora Reyes Reyes
	418 NW 4 Street - # 304
	Miami, Fl 33128
·	
If an effective date is listed, the date must I he date of filing.)	e date of filing: . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
This document is e I am aware that any constitutes a third d	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee
	Typed or printed name of signee

2028 NOV 27 Ki. 5:

945