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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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COVER LETTER

TO:	New Filing Sect Division of Corp				
SUBJE	Mr Fresh Pr	oduce LLC			
SOBJE	C1.	Name of	f Limited Liab	ility Company	
The enc	losed Articles of (Organization and fee(s) are submitte	ed for filing.	
Please r	eturn all correspo	ndence concerning thi	s matter to the	e following:	
	Judith Mercha	ın			2024[157-2]
			Name o	of Person	
	Mr Fresh Pro	duce LLC			?)
			Firm/C	Company	:
	14527 Winter	Dr			
	_		Ado	dress	· · · · · · · · · · · · · · · · · · ·
	Tampa, FL 33	613			
			City/State a	and Zip Code	··
	E	-mail address: (to be t	ised for future	annual report notificat	ion)
For furthe	er information con	cerning this matter, p	lease call:		
	Judith Mercha		813 : (770-9792	
	Name	of Person	Area Code	Daytime Telephor	ne Number
Enclose	d is a check for the	e following amount:			
■ \$125.	.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy on al copy is enclosed)	□S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Division P.O. Bu	Address ing Section of Corporations x 6327 ssee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee Fl. 3230	ussee et. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Mr Fresh Produc	contain the words "Limited	d Liability Company	"[
(Must	contain the words. Elimited	а павину Сотрану,	L.L.C., OF LLC.		
ARTICLE II - Address:					
The mailing address and stre	eet address of the principal	office of the Limited	Liability Company is:		
<u>Prii</u>	ncipal Office Address:		Mailing Address:		
14527 Winter Dr	-	27 V	Vinter Dr		
Tampa, FL 3361			Tampa, FL 33613		
he name and the Florida str	reet address of the register	ed agent are:			
The name and the Florida str	reet address of the register				
The name and the Florida str	Judith Merchan	ed agent are: Name			
The name and the Florida str	Judith Merchan	Name			
The name and the Florida str	Judith Merchan		cceptable)		
The name and the Florida str	Judith Merchan	Name	cceptable)		
The name and the Florida str	Judith Merchan 14527 Winter Dr Florida street addre	Name ess (P.O. Box <u>NOT</u> a	-		
lace designated in this certific orther agree to comply with th	Judith Merchan 14527 Winter Dr Florida street addres Tampa City red agent and to accept serecate, I hereby accept the apthe provisions of all statutes	Name PSS (P.O. Box NOT as FL State State Evice of process for the pointment as registere relating to the proper	33613	is capacity my duties,	
aving been named as registe lace designated in this certific orther agree to comply with th	Judith Merchan 14527 Winter Dr Florida street addres Tampa City red agent and to accept serecate, I hereby accept the apthe provisions of all statutes	Name PSS (P.O. Box NOT as FL State State Evice of process for the pointment as registere relating to the proper	33613 Zip e above stated limited liability c ed agent and agree to act in this and complete performance of as provided for in Chapter 605,	is capacity my duties,	

(CONTINUED)

ARTICLE IV-

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

"AMRR" = A		•	
"MGR" = Mai	uthorized Member		
	iager		
<u>MGR</u>		Judith Merchan 14527 Winter Dr	
		Tampa, FL 33613	
			
		د~	
		<u> </u>	
		:	
		<u> </u>	
CLE V: Effective	nt if necessary) date, if other than the date	te of tiling:	6
CLE V: Effective effective date is lite of filing.) If the date insert ocument's effective	date, if other than the dat isted, the date must be speed in this block does not e date on the Departmen	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be	
CLE V: Effective effective date is lite of filing.) If the date insert	date, if other than the dat isted, the date must be speed in this block does not e date on the Departmen	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be	
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CLE V: Effective effective date is lite of filing.) If the date insert ocument's effective CLE VI: Other pro-	edate, if other than the date isted, the date must be speed in this block does not e date on the Department ovisions, if any. SIGNATURE: Signature of a man This document is executed an aware that any false.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be tof State's records.	
CLE V: Effective effective date is lite of filing.) If the date insert ocument's effective CLE VI: Other pro-	edate, if other than the date isted, the date must be speed in this block does not e date on the Department ovisions, if any. SIGNATURE: Signature of a man This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be at of State's records. Marchan Tember or an gathorized representative of a member. The state of statutes are information submitted in a document to the Department of State.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)