

M09 000002382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

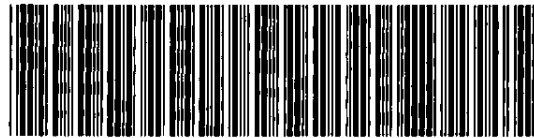
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JUN 23 2009

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 22 AM 4:51

W09-23885

FORZAfrut USA

2812 Weston Road # 114

Ph: 305/416-8653

Weston, Florida 33331

Fx: 954/697-0666

nruiz@forzabananas.com

June 19, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. Box 6327

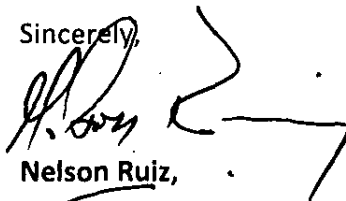
Tallahassee, Florida 32314

Ref. Number: W09000023885

Dear Sirs,

As per your letter dated may 20, 2009, enclosed please find original of *Certificate of Existence / Authorization of FORZAFRUT USA, LLC* issued by the State of Washington, along with copy of your letter, to comply with your requirements to domicile FORZAfrut USA in the State of Florida.

Sincerely,



Nelson Ruiz,

Operations Manager

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. FORZA FRUIT USA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. State of Washington 26-3233027
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 19, 2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2812 WESTON RD. #114
WESTON, FL. 33331
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

LUIS EDUARDO RIVADENEIRA
2812 WESTON RD. #
WESTON, FL. 33331

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____
"Wholesales sales of fruit"

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LUIS EDUARDO RIVADENEIRA
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

FOR2AFRUT USA, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

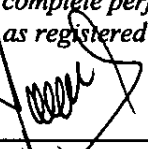
2. The name and the Florida street address of the registered agent and office are:

Luis Eduardo Rivadeneira
(Name)

2812 Weston Rd. # 114
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

WESTON FL 33331
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 608, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

FORZAFRUT USA, LLC

I **FURTHER CERTIFY** that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 8/19/2008.

I **FURTHER CERTIFY** that as of the date of this certificate, FORZAFRUT USA, LLC remains active and has complied with the filing requirements of this office.

Date: June 3, 2009

UBI: 602-857-524



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State