M1500000199

(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)	•			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
(···				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





000274608310

07/08/15--01026--006 **155.00

ISTAUG -4 PH S II

3-4 PM 3 16

AUG O G 2015 J. HARRIS 15 AUG -4 PM 4: 17

COVER LETTER

то:		istration Section sion of Corporation	ns					
SUBJEC		CHOICE FARMS I	LLC					
30202		Name of Limited Liability Company						
			reign Limited Liability Comp d to register the above refere					
Please re	eturn	all correspondence	concerning this matter to the	following:				
		Delfina R. Can	npos					
			Na	ame of Person				
	c/o Del Monte Fresh Produce Company							
Firm/Company								
		241 Sevilla Av	enue, Attn: Legal					
				Address				
	Coral Gables, FL 33134							
			City/St	ate and Zip Code				
		dcampos@fresho	delmonte.com					
			E-mail address: (to be used	for future annual	report not	ification)		
For furth	er in	formation concernin	g this matter, please call:					
Delfina R. Campos		305 at (520-80	56				
		Name o	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
		check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cerof Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

DELFINA R CAMPOS DEL MONTE FRESH PRODUCE COMPANY 241 SEVILLA AVENUE CORAL GABLES, FL 33134

SUBJECT: CHOICE FARMS LLC Ref. Number: W15000046517

We have received your document for CHOICE FARMS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P99000019643.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II -4 PH 4: 17

www.sunbiz.org

Letter Number: 215A00014451

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT B	USINESS IN THE STATE OF FLORIDA:		
Choice Farms LLC			
(Name of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	"LLC.")
Choice Far	ms (Florida), LLC		_
(If name unavailable, enter a	lternate name adopted for the purpose of trans-	acting business in Florida. The alternate nam	e must include "Limited
Liability Company," "L.L.C.			
2. Delaware	of which foreign limited liability	77-0305/83 (FEI number, if applicable)	
company is organized)	of within to eight timited manning	(FEI licilides, il applicable)	
4			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, if prior to registration.) to determine neosity liability)	•
5. Upon filing	(5	politically transity,	
	-7"		•
c/o Del Monte Fresh P	roduce Company, 241 Sevilla Avenue, At		
	(Street Address of Principal (Office)	
6. c/o Del Monte Fresh Pr	oduce Company	·····	
Attn: Legal, PO Box 1	49222, Coral Gables, FL 33114-9222		<u> </u>
	(Mailing Address)		E T
• • • • • • •	` •		
/. Name and street addres	s of Florida registered agent: (P.O. Box)	NOT acceptable)	ran
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		- - -
Office Address.	DI a Air		1955
	Plantation	, Florida	Ş≅∵ œ
Registered agent's accept	(City)	(Zip code)	
Taving been named as re	gistered agent and to accept service of pro	ocess for the above stated corporation a	at the place designated in
his application, I hereby a	accept the appointment as registered ages	nt and agree to act in this capacity. I fu	irther agree to comply
vith the provisions of all s he obligations of my posit	tatutes relative to the proper and completion as repistered agent	te performance of my duties, and I am y Angel Nune	familiar with and accept
ne oouganons of my posi.	and a special results of the second s	Angel Nuise	otarV
		Assistant Secre	Elai y
	(Registered agent)	s signature)	
The name, title or capa	city and address of the person(s) who has/	have authority to manage is/are:	
Hani El-Naffy, Manager, c	Vo Del Monte Fresh Produce Co., 241 Sev	ilia Ave., Attn: Legal, Coral Gables, FL	33134
			
			
Attacked is a postificate of			
risdiction under the law o	of existence, no more than 90 days old, dul f which it is organized. (If the certificate is	y aumenticated by the official having cu	stody of records in the
f the translator must be sul	omitted)	1 A	no continuate unaci equi
		nate	
-	Signature of an author	rized person	
		1 7	
nis document is executed in a document to	in accordance with section 605.0203 (1) (but the Department of State constitutes a third), Florida Statutes. I am aware that any fi	alse information
	Hani El-Naffy	sogree leiony as provided for in 8.817.1;	,, r.s.
_	•	of aignes 0.0	
	Typed or printed name	or singles 18	



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHOICE FARMS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHOICE FARMS LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2279007 8300

151011208

Jeffrey W. Bullock, Secretary o AUTHENTY CATION: 2527265

DATE: 07-06-15

You may verify this certificate online at corp.delaware.gov/authver.shtml