M1800003073

| (Requestor's Name) | | | | | | |
|-----------------------------------------|-----|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MA | ML. | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| Cect W1820768 | | | | | | |

Office Use Only



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TILEU

SECRETARY OF STATE
ALLANSSEE FLASINA





March 2, 2018

ZOLTAN PINTER 241 SEVILLA AVE CORAL GABLES, FL 33134

SUBJECT: DEL MONTE FRESH F&B VENTURES, LLC

Ref. Number: W18000020768

We have received your document for DEL MONTE FRESH F&B VENTURES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 418A00004333

Octavia L Simmons Regulatory Specialist II

2018 HAR 29 PH 12: 10

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: | Del Monte Fresh F& | &B Ventures, LLC | | | | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------|--|
| SUBJECT: | Name of Limited Liability Company | | | | | | |
| The enclosed Existence, ar | 1 "Application by For nd check are submitte | reign Limited Liability Comp d to register the above refero | pany for Authoriza enced foreign limit | ition to Tra ted liability | nsact Business in Florida, company to transact busi | " Certificate of ness in Florida. | |
| Please return | all correspondence | concerning this matter to the | following: | | | | |
| | Zoltan Pinter | | | | | | |
| | Name of Person Del Monte Fresh Produce Company | | | | | | |
| | | | | | | | |
| | Firm/Company | | | | | | |
| 241 Sevilla Avenue | | | | | | | |
| | | - | | | | | |
| | Coral Gables, I | FL 33134 | | | | | |
| | | City/S | tate and Zip Code | | | - | |
| | etorres@freshde | lmonte.com | | | | | |
| | | E-mail address: (to be used | d for future annual | report noti | fication) | - | |
| For further in | nformation concernin | g this matter, please call: | | | | | |
| Eva | а Torres | | 305 at (| 520-840 | • | | |
| | Name o | of Contact Person | Area Code | Dayı | time Telephone Number | - | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division of Registration Clifton Bu 2661 Exec | ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301 | | | |
| | check for the follow 125.00 Filing Fee | ing amount: \$\sum \frac{1}{2}\$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Cof Status & Certified Co | | |

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:

| 1. Del Monte Fresh F&B | Ventures, LLC | | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|--|--|--|
| (Name of Foreign | n Limited Liability Company; must include "Li | mited Liability Company," "L.L.C.," or "L | LC.") | | | |
| (If name unavailable, enter alternate | name adopted for the purpose of transacting business in | . P1 - 23 - 79 - 1 | | | | |
| 2 Delaware | and any purpose of damaging positions in | | ed Liability Company," "L.L.C," or "LLC.") | | | |
| | rhich foreign limited liability company is organized) | 3. 82-4473169 | I number, if applicable) | | | |
| | , | 1 ; | i innisoer, it appacause) | | | |
| 4 | 75 | | | | | |
| | (Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to det | r to registration.) crimine penalty liability) | _ | | | |
| 5. c/o Del Monte Fresh I | | 6 SAME | 7. A 6 | | | |
| (Street Address of Principal Office) | | (Mailing Address) | | | | |
| 241 Sevilla Avenue | | | <u> </u> | | | |
| Coral Gables, FL 3313 | 4 | 11 | - F - M | | | |
| | | | 100 | | | |
| Name and street address | 55 of Florida registered agent: (P.O. B | ox NOT acceptable) | · · · · · · · · · · · · · · · · · · · | | | |
| Name: | CT Corporation System: | • • | (2) A | | | |
| Name. | | | 是 三 | | | |
| Office Address: | 1200 South Pine Island Road | <u> </u> | 5 | | | |
| | District | | | | | |
| | Plantation (City) | , Florida <u>33324</u> | o code) | | | |
| Registered agent's accep | fance: | (1) | , code) | | | |
| o comply with the provisi and accept the obligations | ons of all statutes relative to the props of my position as registered agent. | er and complete performance of i | ny duties, and I am familiar with | | | |
| | (Registered agent | t's signature) | | | | |
| P The | Sherry McGinnes, Assistant Secre | etary | | | | |
| Title or Capacity: | city and address of the person(s) who | | | | | |
| | Name and Address: | Title or Capacity: | Name and Address: | | | |
| President & COO | Youssef Zakharia | SVP | Emanuel Lazopoulos | | | |
| | 241 Sevilla Avenue Coral Gables, FL 33134 | | 241 Sevilla Avenue | | | |
| | <u> </u> | _ | Coral Gables, FL 33134 | | | |
| SVP & CFO | Richard Contreras | | | | | |
| | 241 Sevilla Avenue | | | | | |
| | Coral Gables, FL 33134 | <u> </u> | | | | |
| Use attachments if necess | ary) | | | | | |
| Attached is a partitiontal | of evience and every share on the second | | | | | |
| risdiction under the law o | of existence, no more than 90 days old of which it is organized. (If the certification | i, duly authenticated by the official | having custody of records in the | | | |
| f the translator must be su | bmitted) | are is in a foreign intiguage, a train | dation of the certificate miles can | | | |
| | | | | | | |
| 0. This document is execu | ited in accordance with section 605.02 | 03 (1) (b), Florida Statutes. I am av | ware that any false information | | | |
| or mention in a document to | the Department of State constitutes a t | dird degree felony as provided for | in s.817,135, P.S. | | | |
| | - There | | | | | |
| | Signapor | to of an authorized person | | | | |
| | Bruce A. Jordan, Secretary, VP | ı | | | | |
| • | | or printed name of signos | | | | |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DEL MONTE FRESH F & B VENTURES, 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 TWENTIETH DAY OF MARCH, A.D. 2018.

TANK TO THE PARTY OF THE PARTY

Authentication: 202358325

Date: 03-20-18