

1/11/22, 9:00 AM

Division of Corporations

M22000002882

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA  
Account Number : I20180000017  
Phone : (305)340-2000  
Fax Number : (786)953-6246

FILED  
2022 FEB 23 AM 10:44  
TALLAHASSEE, FL

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
GLOBAL PRODUCE PARTNERS LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04 06    |
| Estimated Charge      | \$125.00 |

→ Already Paid.

\*Note: REFAX ADDING DE CERTIFICATE OF GOOD STANDING

2022 FEB 23 PM 3:12

(H22 0000 134823)

## COVER LETTER

TO: Registration Section  
Division of Corporations

GLOBAL PRODUCE PARTNERS LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEX ORTIZ, CPA

\_\_\_\_\_  
Name of Person

E ALEX ORTIZ, CPA, PA

\_\_\_\_\_  
Firm/Company

2727 PONCE DE LEON BLVD

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

ALEX@ALEXORTIZCPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

305

340-2000

\_\_\_\_\_  
Name of Contact Person

at ( )

Area Code

\_\_\_\_\_  
Daytime Telephone NumberMailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

9 H 22 0000 13 48 23)

**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. GLOBAL PRODUCE PARTNERS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1996286

(FBI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 2727 PONCE DE LEON BLVD

(Street Address of Principal Office)

CORAL GABLES, FL 33134

6. 2727 PONCE DE LEON BLVD

(Mailing Address)

CORAL GABLES, FL 33134

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

ALEX ORTIZ, CPA

Office Address:

2727 PONCE DE LEON BLVD

CORAL GABLES,

(City)

33134

(Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

FILED  
2022 FEB 23 AM 10:44  
STATE OF FLORIDA  
TALLAHASSEE, FL

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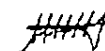
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: ALFONSO BUSTAMANTE             | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: 2727 PONCE DE LEON BLVE     | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | CORAL GABLES, FL 33134               | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager               | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager               | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

ALFONSO BUSTAMANTE

Typed or printed name of signer

(H220000134823)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "GLOBAL PRODUCE PARTNERS, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL PRODUCE  
PARTNERS, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2021.



6141026 8300

SR# 20220132733

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202725521

Date: 02-22-22