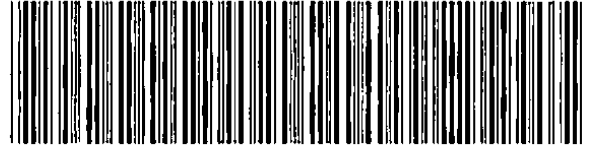


M23000001493



800401250668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Red Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Empty rectangular box for special instructions to the filing officer.

Office Use Only

2023 FEB - 3 11:23

RECEIVED
2023 FEB - 3 PM 3:43
CLERK OF COURTS SERVICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

S. ROBERTS

FEB - 6 2023

2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: *[Signature]*

Chavez Harvesting FL, LLC

Business Name

Document Number, (if known):

Walk in Pick up time

Mail out Will wait Photocopy

Certified Copy of the Articles of Organization

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**
- PLLC**

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

OTHER FILINGS

- Annual Report
- Fictitious Name

APOSTIL()
Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

Other

EXAMINER'S INITIALS: _____

RECEIVED
2023 FEB 23 PM 2:56
DIRECTOR OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chavez Harvesting FL, LLC
_____ 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:

Emiliano Chavez Cruz
_____ Name of Person

Chavez Harvesting FL, LLC
_____ Firm/Company

266 INTERSTATE LOOP
_____ Address

ROCKY POINT, NC 28457
_____ City/State and Zip Code

otherdocsforus@gmail.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lura Barua 888 650-3738
_____ at () _____
Name of Contact Person Area Code Daytime Telephone Number

Mailing 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;

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

Chavez Harvesting FL, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI 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. 266 INTERSTATE LOOP
(Street Address of Principal Office)

6. P O Box 7
(Mailing Address)

ROCKY POINT, NC 28457-9468

Rocky Point, NC 28457-0007

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

Name: LEGACY RA GROUP INC.

Office Address: 2330 CLARE DR

TALLAHASSEE, Florida 32309
(City) (Zip code)

2011-01-11:23

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.

[Handwritten Signature]
(Registered agent's signature)

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]:

Title or Capacity: Manager
Name and Address: Name: Emiliano Chavez Cruz
Address: 266 INTERSTATE LOOP
ROCKY POINT NC 28457-9468
Person _____
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Elda Emilia Chavez Velasco
Address: 266 INTERSTATE LOOP
ROCKY POINT NC 28457-9468
Person _____
 Other Secretary _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

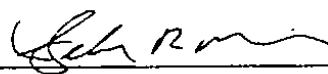
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ 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 the supervision 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

Selena McNair

Typed or printed name of signee



Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CHAVEZ HARVESTING LLC

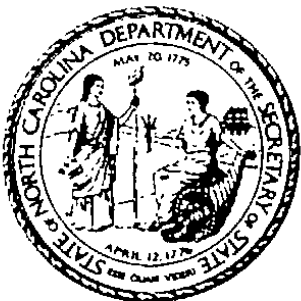
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 13th day of June, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of February, 2023.

Elaine F. Marshall

Secretary of State



Scan to verify online.