

**PORT EVERGLADES FRANCHISE APPLICATION**

An application will not be deemed completed and processed until all required documents and fees are received.  
A separate application must be filed for each type of franchise Applicant wishes to apply for.

CHECK ONE ☐ STEAMSHIP AGENT ☐ STEVEDORE  
☒ CARGO HANDLER ☐ TUGBOAT & TOWING  
☐ VESSEL BUNKERING ☐ VESSEL OILY WASTE REMOVAL  
☐ VESSEL SANITARY WASTE WATER REMOVAL

Note: Applicant is defined as the legal entity applying for the franchise. All information contained in this application shall apply only to the Applicant, not to any parent, affiliate, or subsidiary entities.

Applicant's

Name Chiquita Fresh North America L.L.C.

(Name as it appears on the certificate of incorporation, charter, by-laws, or other official document)

Applicant's Business Address P.O. Box 22817, Fort Lauderdale, Florida 33335

Number / Street City/State/Zip  
 Phone # (954 ) 453-1207 E-mail address cvuotto @ chiquita.com

Fax #: (954 ) 712-1279

Name of the person authorized to bind the Applicant  
 (This person's signature must appear on Page 10.)

Name Joseph B. JohnsonTitle Vice President and TreasurerBusiness Address 550 South Caldwell Street, Charlotte, North Carolina 28202

Number / Street City/State/Zip  
 Phone # ( 980 ) 636-5044 E-mail address jbjohnson @ chiquita.com

Fax #: ( 980 ) 636-5600

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed: (if different from the person authorized to bind the Applicant)

Representative's Name Christina ShetlerRepresentative's Title Manager, Gulf OperationsRepresentative's Business Address 30th Avenue & Highway 90, Gulfport, MS 39501

Number / Street City/State/Zip  
 Representative's Phone # (954 ) 453-1207

Representative's E-mail address cvuotto @ chiquita.comRepresentative's Fax #: (954 ) 712-1279

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).

**Section A**

1. List the name(s) of Applicant's officers including CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title See Attachment A-1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_.

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_.

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_.

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_.

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

See Attachment A-2

### Section B

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship ( ) Corporation ( ) Partnership ( ) Joint Venture (X) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida. See Attachment B-1

### Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)  
Yes\_\_\_ No X If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?  
Yes\_\_\_ No X If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes X No\_\_\_ If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) See Attachment C-1  
New officers, directors, executives, partners, shareholders, members  
Name(s) See Attachment C-2  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary. See Attachment C-3

### Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" None.

**Section E**

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes\_\_\_ No X If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.
  
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.
  
3. Has the Applicant been acquired by another business entity within the last five (5) years?  
Yes\_\_\_ No X If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.
  
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

**Section F**

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

Chiquita has performed cargo handling services for its import of fresh fruit and vegetables since formation of the company, which is excess of 100 years.

Please see attachment.

**Section G** See Attachment G-1

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
  
2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

**Section II**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_.

Seaport Port Everglades Number of Years Operating at this Seaport 10

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Chiquita Brands International, Inc. and its subsidiaries and affiliates	10

**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_.

Seaport Port Hueneme California Number of Years Operating at this Seaport 10

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Chiquita Brands International, Inc. and its subsidiaries and affiliates	10

**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_.

Seaport Port of Gulfport Number of Years Operating at this Seaport 41

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Chiquita Brands International, Inc. and its subsidiaries and affiliates	41

**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_.

Seaport Port of Freeport Number of Years Operating at this Seaport 16

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Chiquita Brands International, Inc. and its subsidiaries and affiliates	16



**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_.

Seaport Port of Wilmington Number of Years Operating at this Seaport 25

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Chiquita Brands International, Inc. and its subsidiaries and affiliates	25

### Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" None.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes      No ☒

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

### Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.broward.org/port/tariff>.

See Attachment J-1

**Section K** \*\*Applicant's financial statements are consolidated with its parent company, Chiquita Brands International, Inc. See Attachment K-1

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes ☐ No ☒

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes ☐ No ☒

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes ☐ No ☒

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

#### **Section L**

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Legal Business Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

(Provide on a separate sheet.)

See Attachment L-1

**Section M**

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department. Applicant has of record with the Port of Everglades a current letter of credit in the amount of \$300,000.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?  
Yes      No X  
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.  
Chassis and generator sets to move the containers of product to our customers
2. Identify the type of fuel used for each piece of equipment.  
Diesel fuel
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.  
All equipment will be domiciled at Port Everglades
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?  
Yes X No       
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

**Section O**

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License). See Attachment O-1

**Section P**

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

See Attachment P-1

## Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?

Yes \_\_\_ No X

2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?

Yes \_\_\_ No X

3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?

Yes \_\_\_ No X

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.

See Attachment Q-4

## Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

Applicant is promoting its backhaul cargo business with its south bound containers leaving Port Everglades. Backhaul business has increased approximately 25% over the past 5 years. These activities have required and will continue to require additional staffing and activity at the Port. Additionally, Applicant participates in charitable and educational opportunities and promotion of Chiquita "Live Chiquita" initiative for healthy snacking within the community.

By signing and submitting this application, Applicant certifies that it has read and understands the governing rules and regulations for a franchise as provided in Chapter 32, Part II, of the Broward County Administrative Code as amended. For additional information, visit: <http://www.municode.com/resources/gateway.asp?pid=13528&sid=9>.

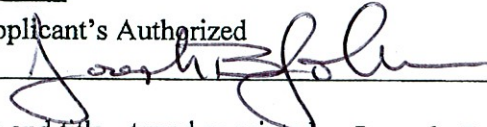
By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct and further, understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

The individual executing this application personally warrants that s/he has the full binding authority to execute this application on behalf of the Applicant. Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) and/or to its officers, directors, senior management personnel and/or in its business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore and Harbor Workers' Act, Jones Act Insurance, as required by federal law.

**By signing and submitting this application, Applicant authorizes the Port Everglades Department of Broward County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in this application, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, this application is subject to the Florida Public Records Act (Chapter 119, Florida Statutes) as may be amended.**

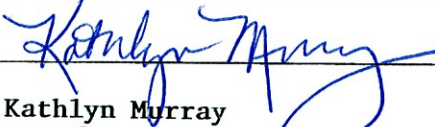
Signature of Applicant's Authorized Representative



Date Signed May 15, 2014

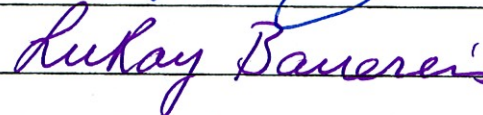
Signature name and title - typed or printed Joseph B. Johnson, Vice President and Treasurer

Witness Signature (\*Required\*)



Witness name-typed or printed Kathlyn Murray

Witness Signature (\*Required\*)



Witness name-typed or printed Luray Bauereis

If a franchise is granted, all official notices/correspondence should be sent to:

Name Brian Newton

Title Director, Corporate Services

Address 550 South Caldwell Street, Charlotte, NC 28202

Phone (980) 636-5044

Attachment A-1

**Title:** President  
**First Name:** R.  
**Middle Name:** Christopher  
**Last Name:** Dugan  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5472  
**Fax Number:** (980) 636-5600  
**Email Address:** cdugan@chiquita.com

**Title:** Vice President  
**First Name:** Rick  
**Middle Name:** P.  
**Last Name:** Frier  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5500  
**Fax Number:** (980) 636-5600  
**Email Address:** rfrier@chiquita.com

**Title:** Vice President  
**First Name:** Kevin  
**Middle Name:** R.  
**Last Name:** Holland  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5579  
**Fax Number:** (980) 636-5600  
**Email Address:** kholland@chiquita.com

**Title:** Director, Salads and Healthy Snacking  
**First Name:** Robert  
**Middle Name:** M.  
**Last Name:** Stallman  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5155  
**Fax Number:** (980) 636-5600  
**Email Address:** rstallman@chiquita.com



**Title:** Vice President and Treasurer  
**First Name:** Joseph  
**Middle Name:** B.  
**Last Name:** Johnson  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5194  
**Fax Number:** (980) 636-5600  
**Email Address:** jjohnson@chiquita.com

**Title:** Vice President  
**First Name:** Juan  
**Middle Name:** Alberto  
**Last Name:** Rivera  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5359  
**Fax Number:** (980) 636-5600  
**Email Address:** jrivera@chiquita.com

**Title:** Vice President  
**First Name:** Brian  
**Middle Name:** W.  
**Last Name:** Kocher  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5573  
**Fax Number:** (980) 636-5600  
**Email Address:** bkocher@chiquita.com

**Title:** Vice President, General Counsel and Secretary  
**First Name:** James  
**Middle Name:** E.  
**Last Name:** Thompson  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5571  
**Fax Number:** (980) 636-5600  
**Email Address:** jethompson@chiquita.com



**Title:** Senior Director, Agricultural Operations  
**First Name:** Loren  
**Middle Name:**  
**Last Name:** Hughes  
**Business Street Address:** 550 South Caldwell Street (not sure)  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:**  
**Fax Number:** (980) 636-5600  
**Email Address:** lhughes@chiquita.com

**Title:** Assistant Secretary  
**First Name:** Barbara  
**Middle Name:** M.  
**Last Name:** Howland  
**Business Street Address:** 550 South Caldwell Street  
**City, State, Zip Code:** Charlotte, North Carolina 28282  
**Phone Number:** (980) 636-5167  
**Fax Number:** (980) 636-5600  
**Email Address:** bhowland@chiquita.com

**Christopher Dugan**  
**Vice President, Sales**

Joined Chiquita on August 19, 1996. Assumed current in July 2012. Reports to Ed Lonergan.

Chiquita Experience

*Director National, Accounts, 2003 – 2006*

*Regional Sales Manager, 2002 – 2003*

*Business Development Manager, Team Leader NE, 2000 – 2002*

*Business Development Manager, 2000*

Previous Experience

- Nabisco

*Manager Customer Sales- National Drug Accounts, 1996 – 2000*

*Key Account Manager, 1994 - 1996*

*Retail Sales Supervisor, 1993 - 1994*

*Sales Representative, 1991 - 1993*

Education

Bachelor of Science, Finance

Providence College

Master in Business Administration

Clark University

# **Rick P. Frier**

## **Executive Vice President and Chief Financial Officer**

Joined Chiquita in September 2013. Reports to Ed Lonergan

### Chiquita Experience

Senior Vice President and Chief Financial Officer, April 2013 – September 2013

### Previous Experience

- Catalina Marketing Corp.  
*Director, Executive Vice President and Chief Financial Officer, 2005-2013*
- Mattress Discounters Inc.  
*Director, Chief Financial Officer and Chief Operating Officer, 2001-2005*

# **Kevin Holland**

## **Senior Vice President & Chief People Officer**

Joined Chiquita on October 10, 2005. Reports to Ed Lonergan

### Chiquita Experience

*Senior Vice President & Chief People Officer*

### Previous Experience

- Coors Brewing Company, Golden, Colorado, 2003 – 2005  
*Chief People Officer*
- FedEx Kinko's Office & Print Center  
*Vice President of Human Resources, Dallas, Texas, 1999 – 2003*  
*Director of Human Resources, Denver, Colorado, 1999*
- Gateway, Inc., North Sioux City, South Dakota  
*Director of Human Resources, Consumer Division, 1997 – 1999*  
*Manager of Human Resources, 1997*
- Abbott Laboratories, Inc., Abbot Park, Illinois  
*Human Resources Manager, 1996 – 1997*  
*Human Resources Specialist, 1993 – 1996*  
*Manufacturing Production Supervisor, Rocky Mount, NC, 1991 -1993*
- Frito-Lay Company, Frankfort, Indiana, 1989 – 1991  
*Production and Maintenance Supervisor*

### Education

Bachelors of Science, Economics  
University of Rhode Island

## **Bob Stallman**

### **Director, GM Salads**

Joined Chiquita on January 22, 2010. Reports to Ed Lonegran.

#### Chiquita Experience

*Director of Marketing*

#### Previous Experience

- P&G, 1999-2010
  - Bounce Brand Manager, 2005 – 2010*
  - Marketing Manager, Wal-Mart, 2003 – 2005*
  - Assistant Brand Manager, Olay, 1999 – 2002*

#### Education

Bachelor of Science, Chemical Engineering  
University of Notre Dame

#### **MBA**

University of Notre Dame

**Joe Johnson**  
**Vice President, Controller and Chief Accounting Officer**

Joined Chiquita on May 14, 2012. Reports to Brian Kocher.

Chiquita Experience

*Vice President, Controller and Chief Accounting Officer*

Previous Experience

- Resolute Forest Products, 2001-2011  
Senior Vice President, Finance and Chief Accounting Officer
- Ernst & Young LLP, 1987-2001  
Audit and Advisory Senior Manager

Education

Bachelor of Business Administration - Accounting  
University of North Florida

Certified Public Accountant, Chartered Global Management Accountant

## **Juan Rivera**

### **Vice President, Audit**

Joined Chiquita on June 4, 1989. Assumed current position on November 23, 2009. Reports to Brian Kocher.

#### Chiquita Experience

*Controller*

#### Previous Experience

- Zacks Investment Research, 1988 – 1989  
*Research Associate*
- Center for Management, 1988 – 1999  
*Program Coordinator Assistant*
- KPMG-PEAT Marwick Main & Co, 1988  
*Auditing Assistant Intern*
- Coca-Cola Bottling Corp, 1988  
*Seasonal Accounting Intern*
- Walker Research, Inc., 1987  
*Bilingual Investigator Specialist*

#### Education

Bachelor of Science, Business Administration, Finance & Accounting  
Xavier University

## **Brian Kocher, CPA**

### **COO**

Joined Chiquita on March 1, 2005. Assumed current position in November 2012.  
Reports to Ed Lonergan.

#### Chiquita Experience

*Vice President & Controller, 2005*

*Vice President, Finance, 2005*

*President, North America, 2007*

*President, EME, 2011*

*CFO, 2012*

#### Previous Experience

- Hill-Rom, INC., 2002 - 2005
  - Integration Leader*
  - Vice President National Accounts*
  - Executive Director of Commercial Finance*
- GE Capital, 1999 – 2002
  - Global Controller, Global Consumer Finance*
  - Global Controller, Information Technology Solutions*
- Conxus Communications, 1995 - 1999
  - Vice President of Finance and Administration*
- USA Mobile Communications, Inc. II., 1993 - 1995
  - Controller*
- Price Waterhouse, LLP, 1991 - 1993
  - Senior Auditor*

#### Education

Bachelor of Science, Business Administration (Accounting)  
Ohio University



# **James Thompson**

## **SVP, General Counsel & Secretary**

Joined Chiquita on April 10, 2006. Assumed current position on July 1, 2006.  
Reports to Ed Lonergan.

### Chiquita Experience

*Senior Vice President Chief Compliance Officer*

### Previous Experience

- McLeodUSA Incorporated, Cedar Rapids, Iowa, 2002 – 2006  
*Group Vice President, General Counsel & Secretary*
- Alticor Inc. (formerly Amway Corporation), Grand Rapids, Michigan, 1995 – 2002  
*Director, Associate General Counsel, International Legal  
Chief Legal Officer, Innovations Business Unit*
- Jones, Day, Reavis & Pogue  
*Brussels, Belgium Office, 1990 – 1995  
Washington, DC Office, 1987 - 1990*

### Education

Bachelors of Art, History  
University of Michigan

Juris Doctor  
University of Michigan

Bar Admissions  
State of Illinois  
District of Columbia

# **Loren Hughes**

## **Senior Director, Ag Operations**

Joined Chiquita on August 13, 2001. Reports to Deverl Maserang.

### Chiquita Experience

*Senior Director, Ag Operations*

*Director, Procurement*

*Manager, Sourcing*

### Previous Experience

- iLogistix, 1996-2001  
Director of Supply Base Management
- Monterey Pasta Company, 1995-1996  
Materials Manager
- Constellation Brands, 1976-1995  
Materials Manager

### Education

Prescott College, Liberal Arts

UC Berkeley Extension, Management Training

American Production and Inventory Control Society, Certified CPIM

**Barbara Howland**  
**Assistant Secretary**

Barbara has served as Assistant Secretary of Chiquita Brands International, Inc., Applicant's indirect parent, since 1998. She has served the company in various legal capacities since 1986.

4713537.1

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



## Detail by Entity Name

### Foreign Limited Liability Company

CHIKUITA FRESH NORTH AMERICA L.L.C.

### Filing Information

Document Number	M04000000132
FEI/EIN Number	041348580
Date Filed	01/12/2004
State	DE
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	12/12/2006
Event Effective Date	NONE

### Principal Address

550 S. CALDWELL STREET  
CHARLOTTE, NC 28202

Changed: 04/29/2013

### Mailing Address

550 S. CALDWELL STREET  
CHARLOTTE, NC 28202

Changed: 04/29/2013

### Registered Agent Name & Address

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

### Authorized Person(s) Detail

#### **Name & Address**

Title Secretary

THOMPSON, JAMES  
550 S. CALDWELL STREET  
CHARLOTTE, NC 28202

Title Manager

KOCHER, BRIAN  
550 S. CALDWELL STREET  
CHARLOTTE, NC 28202

Title Treasurer

JOHNSON, JOSEPH B  
 550 S. CALDWELL STREET  
 CHARLOTTE, NC 28202

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Title President

DUGAN, R. C  
 550 S. CALDWELL STREET  
 CHARLOTTE, NC 28202

**Annual Reports**

Report Year	Filed Date
2012	02/06/2012
2013	04/29/2013
2014	04/11/2014

**Document Images**

<a href="#">04/11/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/06/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/09/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/15/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/01/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">12/12/2006 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2004 -- Foreign Limited</a>	<a href="#">View image in PDF format</a>

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State of Florida, Department of State

**Attachment B-1**

**Articles of Organization**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHIQUITA FRESH NORTH AMERICA L.L.C." 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 FIFTH DAY OF DECEMBER, A.D. 2012.

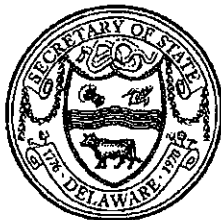
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

B-1

0371615 8300

121300413

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0039632

DATE: 12-06-12

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "CHIQUITA BRANDS COMPANY, NORTH AMERICA" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "CHIQUITA BRANDS COMPANY, NORTH AMERICA" TO "CHIQUITA FRESH NORTH AMERICA L.L.C.", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2003, AT 12:54 O'CLOCK P.M.

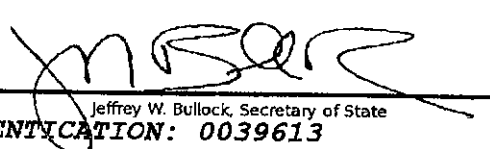
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE SECOND DAY OF JANUARY, A.D. 2004, AT 12:01 O'CLOCK A.M.

0371615 8100V

121302087

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0039613

DATE: 12-06-12



**CERTIFICATE OF CONVERSION****CONVERTING**

**CHIQUITA BRANDS COMPANY, NORTH AMERICA**  
(A Delaware Corporation)

**TO**

**CHIQUITA FRESH NORTH AMERICA L.L.C.**  
(A Delaware Limited Liability Company)

The undersigned hereby certify that:

1. Name of Converting Corporation. The name of the corporation that is converting to a Delaware limited liability company (the "Converting Corporation") immediately prior to the filing of this Certificate of Conversion was "Chiquita Brands Company, North America," and the name of the Converting Corporation under which it was originally incorporated was "Chiquita Brands, Inc."

2. Date and Jurisdiction of Organization of Converting Corporation. The date on which, and the jurisdiction where, the Converting Corporation was organized are as follows:

Date

Jurisdiction

August 30, 1939

Delaware

3. Name of Converted Limited Liability Company. The name of the Delaware limited liability company to which the Converting Corporation has been converted (the "Company") and the name set forth in the Certificate of Formation of the Company filed in accordance with Section 18-214(b) of the Delaware Limited Liability Company Act is "Chiquita Fresh North America L.L.C."

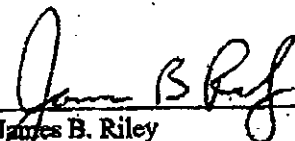
4. Approval of Conversion. The conversion of the Converting Corporation to the Company has been approved in accordance with the provisions of Section 266 of the General Corporation Law of the State of Delaware and Section 18-214 of the Delaware Limited Liability Company Act.

5. Effective Time. This Certificate shall be effective at 12:01 a.m. on January 2, 2004.

IN WITNESS WHEREOF, the undersigned have duly executed this Certificate of Conversion effective as of January 2, 2004.

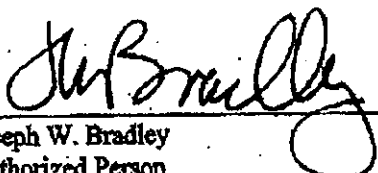
Dated: December 9, 2003

CHIQUITA BRANDS COMPANY,  
NORTH AMERICA

By:   
James B. Riley  
Vice President and Chief Financial Officer

Dated: December 9, 2003

CHIQUITA FRESH NORTH AMERICA  
L.L.C.

By:   
Joseph W. Bradley  
Authorized Person

# Delaware

PAGE 2

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "CHIKUITA FRESH NORTH AMERICA L.L.C." FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2003, AT 12:54 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE SECOND DAY OF JANUARY, A.D. 2004, AT 12:01 O'CLOCK A.M.

0371615 8100V

121302087

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0039613

DATE: 12-06-12

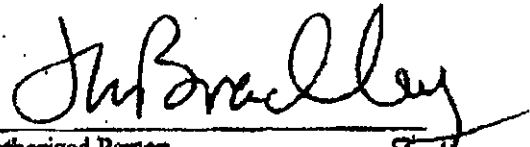
**CERTIFICATE OF FORMATION  
OF  
CHIQUITA FRESH NORTH AMERICA L.L.C.**

This Certificate of Formation is being executed as of December 9, 2003 for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-101 et seq. (the "Delaware LLC Act").

The undersigned, being duly authorized to execute and file this Certificate of Formation, does hereby certify as follows:

1. Name. The name of the limited liability company is Chiquita Fresh North America L.L.C. (the "Company").
2. Registered Office and Registered Agent. The Company's registered office in the State of Delaware is located at 1209 Orange Street, Wilmington, Delaware 19801. The registered agent of the Company for service of process at such address is The Corporation Trust Company.
3. Conversion. The Company has been converted to a Delaware limited liability company pursuant to Section 18-214 of the Delaware LLC Act. The Company constitutes a continuation of the existence of the converted other entity in the form of a Delaware limited liability company.
4. Effective Time. This Certificate shall be effective at 12:01 a.m. on January 2, 2004.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the day and year first above written.



An Authorized Person

Type or Print Name: Joseph W. Bradley

M0400000000132

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000006944 3)))

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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)222-9428

## FOREIGN LIMITED LIABILITY COMPANY

Chiquita Fresh North America L.L.C.

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

APPROVED  
AND  
FILED  
04 JAN 12 PM 12:30 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 04 JAN 12 AM 11:55  
DIVISION OF CORPORATION

Electronic Filing Manual

Corporate Filing

Public Access Help

DB  
1-12-04

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. Chiquita Fresh North America L.L.C.  
(Name of foreign limited liability company)
2. Delaware 3. 04-1348580  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 08/30/1939 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 01/02/2004  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.153, F.S.))
7. 250 E. Fifth Street, Cincinnati, OH 45202  
(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:  
SEE ATTACHMENT

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: See Attachment

Joseph W. Bradley  
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.)

Joseph W. Bradley, Manager

Typed or printed name of signer

04 JAN 12 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Sell, bananas, processed bananas, frozen novelties and other products in the United States and act as a commission agent for Chiquita entities.

04 JAN 12 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

AND

**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:

Chiquita Fresh North America L.L.C.

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

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL

33324

(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, F.S.*

CT Corporation System

By:

Susan J. Metz  
(Signature)

**Susan J. Metz**

**Assistant Secretary**

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

04 JAN 12 PM 12:20  
SECRETARY OF STATE  
MAIL PHASSEE 703-103

AND  
FILED



# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHIKUITA FRESH NORTH AMERICA L.L.C." 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 SECOND DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



0371615 8300

040001338

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2845680

DATE: 01-02-04

# *State of Florida*

## *Department of State*

I certify from the records of this office that CHIQUITA FRESH NORTH AMERICA L.L.C. is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on January 12, 2004.

The document number of this limited liability company is M04000000132.

I further certify that said limited liability company has paid all fees due this office through December 31, 2014, that its most recent annual report was filed on April 11, 2014, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fourteenth day of May, 2014*



*Ken Detjen*  
**Secretary of State**

Authentication ID: CU1823057458

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

## **Section C.3**

### **Attachment C-1**

### **Prior Officers**

Phillip R. Bradway  
James Lane  
Craig A. Stephen  
Joseph W. Bradley  
Michael B. Sims  
Barbara Wagner  
Waheed Zaman  
Lori Ritchey  
D. Deverl Maserang II

**New Officers**

**Attachment C-2**

R. Christopher Dugan  
Rick P. Frier  
Kevin R. Holland  
Robert M. Stallman  
Joseph B. Johnson  
Juan Alberto Rivera  
Brian W. Kocher  
James E. Thompson  
Loren Hughes  
Barbara M. Howland

**CHIQUITA FRESH NORTH AMERICA L.L.C.**

---

**Unanimous Written Consent**

**of the**

**Sole Member**

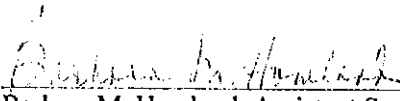
---

The undersigned, being the sole member of Chiquita Fresh North America L.L.C., a Delaware limited liability company (the "Company"), adopts the following resolution by written consent without a meeting:

RESOLVED, that the number of managers is hereby set at three (3) and the following persons are elected as managers of the Company:

R. Christopher Dugan  
Joseph B. Johnson  
Brian W. Kocher

CHIQUITA BRANDS L.L.C.

  
\_\_\_\_\_  
Barbara M. Howland, Assistant Secretary

Dated: July 31, 2013

**CHIQUITA FRESH NORTH AMERICA L.L.C.**

---

**Unanimous Written Consent**

**of the**

**Managers**

---

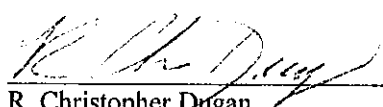
The undersigned, being all the managers of Chiquita Fresh North America L.L.C., a Delaware limited liability company (the "Company"), adopt the following resolutions by written consent without a meeting:

RESOLVED, that the resignation of D. Deverl Maserang II as Vice President of the Company is hereby accepted as of May 17, 2013.

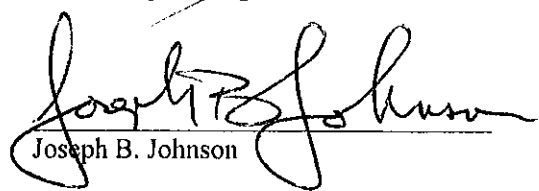
RESOLVED, that the following persons be and hereby are elected to the offices set forth opposite his name below, to hold such offices until the election and qualification of his successor or until his earlier resignation or removal:

<u>Name</u>	<u>Offices</u>
R. Christopher Dugan	President
Rick P. Frier	Vice President
Kevin R. Holland	Vice President
Joseph B. Johnson	Vice President and Treasurer
Juan Rivera	Vice President
Brian W. Kocher	Vice President
James E. Thompson	Vice President, General Counsel and Secretary
Loren Hughes	Senior Director, Agricultural Operations
Robert M. Stallman	Director, Salads and Healthy Snacking
Barbara Howland	Assistant Secretary

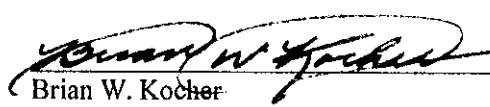
Dated: Aug 5, 2013

  
R. Christopher Dugan

Dated: July 31, 2013

  
Joseph B. Johnson

Dated: Aug 5, 2013

  
Brian W. Kocher

**CHIQUITA FRESH NORTH AMERICA L.L.C.**

---

**Unanimous Written Consent**

**of the**

**Managers**

---

The undersigned, being all the managers of Chiquita Fresh North America L.L.C., a Delaware limited liability company (the "Company"), adopt the following resolutions by written consent without a meeting:

WHEREAS, the following officers are removed from the office(s) set forth opposite each person's name as of the dates set forth below:

<u>Name</u>	<u>Title</u>	<u>Effective Date</u>
Phillip R. Bradway	Director, Agricultural Operations	January 16, 2012
James Lane	Vice President, Finance, North America	May 15, 2012
Craig A. Stephen	Vice President, Finance, Distribution & Operations	February 1, 2012

WHEREAS, the resignations of the officers for the positions set forth opposite each person's name as of the dates set forth below are hereby accepted:

<u>Name</u>	<u>Title</u>	<u>Effective Date</u>
Joseph W. Bradley	Vice President and Treasurer	August 31, 2012
Michael B. Sims	Vice President	February 27, 2012
Barbara Wagner	Vice President and Assistant Secretary	July 2, 2012
Waheed Zaman	Vice President	February 18, 2012

RESOLVED, that, effective upon the filing with the SEC of the quarterly report on Form 10-Q for the quarter ending June 30, 2012 by Chiquita Brands International, Inc., Joseph B. Johnson is elected Vice President and Controller, succeeding Ms. Ritchey who will resign from the positions of Vice President and Controller on that date.

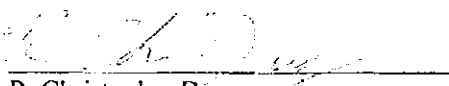
RESOLVED, that the following persons be and hereby are elected to the offices set forth opposite his name below, to hold such offices until the election and qualification of his successor or until his earlier resignation or removal:

<u>Name</u>	<u>Offices</u>
R. Christopher Dugan	President
Kevin R. Holland	Vice President
Robert M. Stallman	Vice President
Joseph B. Johnson	Vice President, Controller and Treasurer
Juan Rivera	Vice President
Brian W. Kocher	Vice President
D. Deverl Maserang II	Vice President

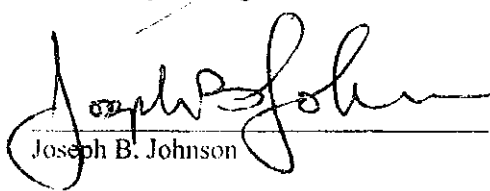
James E. Thompson  
Loren Hughes  
Barbara Howland

Vice President, General Counsel and Secretary  
Senior Director, Agricultural Operations  
Assistant Secretary

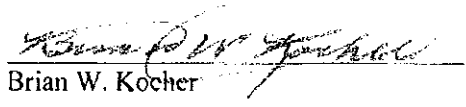
Dated: Oct 9, 2012

  
R. Christopher Dugan

Dated: October 9, 2012

  
Joseph B. Johnson

Dated: October 9, 2012

  
Brian W. Kocher



**CHIQUITA FRESH NORTH AMERICA L.L.C.**

---

**Unanimous Written Consent**

**of the**

**Sole Member**

---

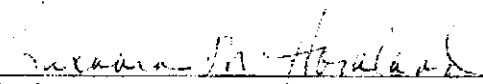
The undersigned, being the sole member of Chiquita Fresh North America L.L.C., a Delaware limited liability company (the "Company"), adopts the following resolutions by written consent without a meeting:

RESOLVED, that the resignation of Lori A. Ritchey as Director of the Company is hereby accepted as of August 9, 2012.

RESOLVED, that the number of managers is hereby set at three (3) and the following persons are elected as managers of the Company:

R. Christopher Dugan  
Joseph B. Johnson  
Brian W. Kocher

CHIQUITA BRANDS L.L.C.

  
Barbara M. Howland, Assistant Secretary

Dated: Sept 20, 2012

### Section F. – Business History

Chiquita Fresh North America L.L.C. is a Delaware limited liability company. One hundred percent of the membership interests of the company are owned by Chiquita Brands L.L.C. (“CBLLC”), a Delaware limited liability company. CBLLC is a wholly owned subsidiary of Chiquita Brands International, Inc., a New Jersey corporation which is traded on the NYSE.

The company was established August 30, 1939 as Fruit Dispatch Company. The company changed its name to United Fruit Sales Corp. on August 8, 1962. On April 10, 1970 the company again changed its name to Chiquita Brands, Inc. On December 19, 1986 the company changed its name to Chiquita Brands Company, North America. On January 2, 2004, the company converted from a corporation to a limited liability company and changed its name to Chiquita Fresh North America L.L.C.

**Attachment G-1**

1. Christina Shetler, Manager  
Phillip Reese, Maintenance Supervisor  
Roberto Gluck, Supervisor Distribution
2. Christina Shetler has been employed with Applicant for 12 years. She began her career with Applicant as a customer service representative and developed into her current role.

Phillip Reese has been employed with Applicant for 5 years. He began his career with Applicant as the Maintenance Supervisor.

Roberto Gluck has been with the Applicant for 24 years. He began with the company as a route salesman and has developed into the Distribution Center Supervisor overseeing the inventory and sales of Applicant's products.

## Section J



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
10/10/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services South, Inc. Charlotte NC Office 1111 Metropolitan Avenue, Suite 400 Charlotte NC 28204 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Chiquita Brands International, Inc. and its Subsidiaries 550 South Caldwell Street Charlotte NC 28202 USA	INSURER A:	Travelers Indemnity Co of Ct
	INSURER B:	Travelers Property Cas Co of America
	INSURER C:	Westchester Fire Insurance Company
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

## COVERAGES

CERTIFICATE NUMBER: 570051679375

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			HC2EGLSA472M534613 SIR applies per policy terms & conditions	07/31/2013	07/31/2014	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$25,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			HC2ECAP-472M5334-13	07/31/2013	07/31/2014	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			G24151797004 Umbrella-Primary	07/31/2013	07/31/2014	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			HC2JUB472M500813	07/31/2013	07/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

Certificate No : 570051679375

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Broward County Board of County Commissioners is named as Additional Insured as their interests may appear. US Longshore and Harbor worker Compensation Act coverage is included in the workers Compensation Coverage.

## CERTIFICATE HOLDER

## CANCELLATION

FRANCISCO VASQUEZ 2013.10.11 16:11:13 -04'00'	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Broward County Board of County Commissioners 1850 Eller Drive Fort Lauderdale FL 33316 USA	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
01/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services South, Inc. Charlotte NC Office 1111 Metropolitan Avenue, Suite 400 Charlotte NC 28204 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> 800-363-0105
<b>INSURED</b> Chiquita Brands International, Inc. Chiquita Brands North America 250 East Fifth Street Cincinnati OH 45202 USA	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b> Steadfast Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 570052580362**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE
							PRODUCTS - COMP/OP AGG
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS						BODILY INJURY (Per accident)
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED <input type="checkbox"/> RETENTION <input type="checkbox"/>						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE-EA EMPLOYEE
							E.L. DISEASE-POLICY LIMIT
A	Poll Legal Liab			ZRE588292300	12/10/2013	12/10/2018	Limit (1) SIR/Deductible (1)
							\$1,000,000 \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Broward County is included as Additional Insured in accordance with the policy provisions of the Pollution Legal Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

Broward County 1850 Eller Drive Fort Lauderdale FL 33316 USA	FRANCISCO VASQUEZ 2014.01.10 10:07:09 -05'00'
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services South, Inc.</i>	

Holder Identifier :

Certificate No : 570052580362

**Section K**

**APPLICANT'S FINANCIAL DOCUMENTS HAVE BEEN REVIEWED BY  
PORT EVERGLADES FINANCE DIVISION.**



## Attachment Section L



## CREDIT APPLICATION FORM

**Chiquita Brands**  
 550 S. Caldwell St. Ste. 1515  
 Charlotte, NC 28202  
 www.chiquita.com

**BUSINESS NAME:** Chiquita Brands, L.L.C.  
**BUSINESS ADDRESS:** 550 S. Caldwell Street, Charlotte, NC 28202  
**PHONE:** 980-636-5000

FULL NAME OF OFFICER:

Edward F. Lonergan Title: President and Chief Executive Officer

Nature of Business: Food Wholesaler  
Year business Established: 1986  
Federal Tax ID.# 04-1923360  
Duns# 194822193

REFERENCES:  
BANK: PNC BANK  
ACCOUNT NAME: Chiquita Brands LLC

CONTACT: William N. Forsstrom  
FAX: 513-651-7548

Credit Investigation Department  
Phone: 215-749-6199 or 6183  
Fax: 215-749-6191

<u>Name: Dell Marketing L.P.</u>	<u>Name: OfficeMax</u>
<u>c/o Dell USA L.P.</u>	<u>Attn: Joseph Fieweger</u>
<u>P.O. Box 643561</u>	<u>District Sales Manager - Cincinnati</u>
<u>Pittsburgh, PA 15264-3561</u>	<u>OfficeMax Enterprise Solutions</u>
<u>Phone: 512-724-7241</u>	<u>Phone: 859-372-7500</u>
<u>Fax: 512-283-0286</u>	<u>Fax: 859-372-7510</u>
<u>Email: Brian.Hodges@dell.com</u>	
<u>Contact: Brian Hodges</u>	

<u>Name: UPS</u>	<u>Name: T.J. Williams</u>
<u>Attn: Mike McCoy</u>	<u>7925 New Haven Rd.</u>
<u>500 Gest Street</u>	<u>Cincinnati, OH 45041</u>
<u>Cincinnati, OH 45203</u>	
<u>Phone: 513-852-3634 x5267</u>	<u>Phone: 513-738-5366</u>
<u>Fax:</u>	<u>Fax: 513-738-5375</u>

I certify that all statements in this application are true and complete and made for the purpose of obtaining credit from.  
I authorize same to investigate the references herein listed.

Signature

Name/Title: Chris Larsen  
Director of North America Accounting  
Date: January 8, 2014



Wells Fargo Bank, N.A.  
U. S. Trade Services  
Standby Letters of Credit  
MAC A0195-212  
One Front Street, 21st Floor  
San Francisco, California 94111  
Phone: 1(800) 798-2815 Option 1  
E-Mail: sfttrade@wellsfargo.com

**Amendment To  
Irrevocable Standby Letter Of Credit**

**Number :** IS0036725U  
**Amendment Number :** 001  
**Amend Date :** June 27, 2013

2013 JUN 28 PM 3:28

RECEIVED BY  
PORT EVERGLADES DEPT.  
BUSINESS ADMINISTRATION

**BENEFICIARY**

BROWARD COUNTY  
CHIEF EXECUTIVE AND PORT DIRECTOR  
BROWARD COUNTY PORT EVERGLADES  
DEPARTMENT  
C/O DIRECTOR OF BUSINESS ADMINISTRATION  
1850 ELLER DRIVE  
FT. LAUDERDALE, FLORIDA 33316

**APPLICANT**

CHIQUITA FRESH NORTH AMERICA, LLC  
550 SOUTH CALDWELL STREET  
CHARLOTTE, NORTH CAROLINA 28202

LADIES AND GENTLEMEN:

AT THE REQUEST AND FOR THE ACCOUNT OF THE ABOVE REFERENCED APPLICANT, WE HEREBY AMEND OUR IRREVOCABLE STANDBY LETTER OF CREDIT (THE "WELLS CREDIT") IN YOUR FAVOR AS FOLLOWS:

PARAGRAPH READING AS FOLLOWS:

ANY DRAFT DRAWN UNDER THIS LETTER OF CREDIT SHALL BEAR THE CLAUSE: "DRAWN UNDER WELLS FARGO BANK, N.A, IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS0036725U DATED MAY 24, 2013." THE ORIGINAL LETTER OF CREDIT MUST ACCOMPANY THE DRAWING, AND THE DATE AND AMOUNT OF THE DRAWING MUST BE ENDORSED ON THE REVERSE SIDE OF THIS LETTER OF CREDIT.

IS AMENDED TO NOW READ:

ANY DRAFT DRAWN UNDER THIS LETTER OF CREDIT SHALL BEAR THE CLAUSE: "DRAWN UNDER WELLS FARGO BANK, N.A, IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS0036725U DATED MAY 24, 2013." THE ORIGINAL LETTER OF CREDIT MUST ACCOMPANY THE DRAWING, AND THE DATE AND AMOUNT OF THE DRAWING MUST BE ENDORSED ON THE REVERSE SIDE OF THIS LETTER OF CREDIT BY THE NEGOTIATING BANK, IF ANY.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

THIS AMENDMENT IS TO BE ATTACHED TO THE ORIGINAL WELLS CREDIT AND IS AN INTEGRAL PART THEREOF.

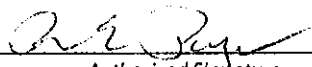






Very Truly Yours,

**WELLS FARGO BANK, N.A.**

By:   
Authorized Signature

**The original of the Letter of Credit contains an embossed seal over the Authorized Signature.**

Please direct any written correspondence or inquiries regarding this Letter of Credit, always quoting our reference number, to **Wells Fargo Bank, National Association**, Attn: U.S. Standby Trade Services

**at either** One Front Street  
MAC A0195-212,  
San Francisco, CA 94111

**or** 401 Linden Street  
MAC D4004-017,  
Winston-Salem, NC 27101

Phone inquiries regarding this credit should be directed to our Standby Customer Connection Professionals

1-800-798-2815 Option 1  
(Hours of Operation: 8:00 a.m. PT to 5:00 p.m. PT)

1-800-776-3862 Option 2  
(Hours of Operation: 8:00 a.m. EST to 5:30 p.m. EST)

Consent to Amendment **001** on Standby Letter of Credit No. **IS0036725U** is required to become effective.  
**Please date and sign below and return an originally signed copy to us at our office located:**

**at either** One Front Street  
MAC A0195-212,  
San Francisco, California 94111  
or Fax to 415-296-8905.

**or** 401 Linden Street  
MAC D4004-017,  
Winston-Salem, NC. 27101  
or Fax to 336-735-0950.

☐ Amendment accepted in its entirety

☐ Amendment rejected in its entirety

Date

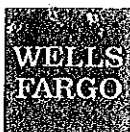
Authorized Signature - **BROWARD COUNTY**

( )

Telephone Number

Printed Name of Authorized Signer





RECEIVED

MAY 28 2013

Port Director's Office

Wells Fargo Bank, N.A.  
U. S. Trade Services  
Standby Letters of Credit  
MAC D4004-012  
401 Linden Street, 1st Floor  
Winston-Salem, NC 27101  
Phone: 1(800) 776-3862 Option 2  
E-Mail: sbic-new@wellsfargo.com

**Irrevocable Standby Letter Of Credit**

**Number :** IS0036725U

**Issue Date :** MAY 24, 2013

**Expiry Date:** MAY 24, 2014

BENEFICIARY  
BROWARD COUNTY  
CHIEF EXECUTIVE AND PORT DIRECTOR,  
BROWARD COUNTY PORT EVERGLADES DEPARTMENT  
C/O DIRECTOR OF BUSINESS ADMINISTRATION  
1850 ELLER DRIVE  
FT. LAUDERDALE, FLORIDA 33316

APPLICANT  
CHIKUITA FRESH NORTH AMERICA, LLC  
550 SOUTH CALDWELL STREET  
CHARLOTTE, NORTH CAROLINA 28202

RECEIVED BY  
PORT EVERGLADES DEPT.  
BUSINESS ADMINISTRATION  
2013 MAY 30 AM 10:44

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS0036725U IN FAVOR OF BROWARD COUNTY AND FOR ACCOUNT OF CHIKUITA FRESH NORTH AMERICA, LLC AVAILABLE BY BROWARD COUNTY'S DRAFTS DRAWN ON US PAYABLE AT SIGHT UP TO AN AGGREGATE AMOUNT OF U.S. TWENTY THOUSAND AND 00/100'S (\$20,000.00) WHEN ACCOMPANIED BY THIS LETTER OF CREDIT AND THE FOLLOWING DOCUMENTS:

1. DRAFT DRAWN ON US AT SIGHT.
2. A SIGNED STATEMENT FROM THE CHIEF EXECUTIVE & PORT DIRECTOR OF BROWARD COUNTY, THAT THE AMOUNT OF THE DRAWING REPRESENTS AMOUNTS DUE AND UNPAID TO BROWARD COUNTY ARISING FROM:
  - (A) FAILURE OF APPLICANT TO PAY TO BROWARD COUNTY, WHEN DUE, ANY AND ALL TARIFF OR OTHER CHARGES THAT HAVE ACCRUED AT PORT EVERGLADES (WHETHER RELATING TO THE FURNISHING OF SERVICES OR MATERIALS TO APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES AT PORT EVERGLADES; OR, DUE TO INJURY TO PROPERTY OF PORT EVERGLADES; OR, STEMMING FROM THE USE OF PORT EVERGLADES FACILITIES BY APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR

Together we'll go far





EMPLOYEES; OR, OTHERWISE); OR

(B) COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM NON-COMPLIANCE BY APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES WITH APPLICABLE LAWS, ORDINANCES, RULES AND REGULATIONS OF THE FEDERAL, STATE AND LOCAL GOVERNMENTAL UNITS OR AGENCIES (INCLUDING BUT NOT LIMITED TO THE TERMS AND PROVISIONS OF THE BROWARD COUNTY CODE OF ORDINANCES, ADMINISTRATIVE CODE, AND ALL PROCEDURES AND POLICIES OF THE PORT EVERGLADES DEPARTMENT), AS AMENDED FROM TIME TO TIME; OR

(C) COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM ANY ACT, OMISSION, NEGLIGENCE OR MISCONDUCT OF APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES IN PORT EVERGLADES (WHETHER CAUSING INJURY TO PERSONS OR OTHERWISE).

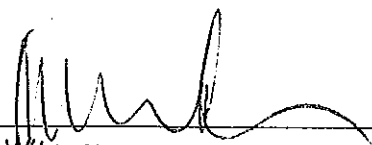
THIS LETTER OF CREDIT SHALL BE EXTENDED FOR SUCCESSIVE PERIODS OF ONE (1) YEAR EACH UNLESS WE PROVIDE BROWARD COUNTY, THROUGH THE CHIEF EXECUTIVE & PORT DIRECTOR OF BROWARD COUNTY'S PORT EVERGLADES DEPARTMENT AT THE ABOVE STATED ADDRESS, WITH WRITTEN NOTICE OF OUR INTENT TO TERMINATE THE CREDIT HEREIN EXTENDED, WHICH NOTICE MUST BE PROVIDED AT LEAST NINETY (90) CALENDAR DAYS PRIOR TO THE EXPIRATION DATE OF THE ORIGINAL TERM HEREOF OR ANY EXTENDED ONE (1) YEAR TERM.

ANY DRAFT DRAWN UNDER THIS LETTER OF CREDIT SHALL BEAR THE CLAUSE: "DRAWN UNDER WELLS FARGO BANK, N.A, IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS0036725U DATED MAY 24, 2013." THE ORIGINAL LETTER OF CREDIT MUST ACCOMPANY THE DRAWING, AND THE DATE AND AMOUNT OF THE DRAWING MUST BE ENDORSED ON THE REVERSE SIDE OF THIS LETTER OF CREDIT.

THIS CREDIT IS SUBJECT TO THE "UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS," INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NUMBER 600, 2007 REVISION, AND TO THE PROVISIONS OF FLORIDA LAW. IF A CONFLICT BETWEEN THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS AND FLORIDA LAW SHOULD ARISE, FLORIDA LAW SHALL PREVAIL. IF A CONFLICT BETWEEN THE LAW OF ANOTHER STATE OR COUNTRY AND FLORIDA LAW SHOULD ARISE, FLORIDA LAW SHALL PREVAIL.

Very Truly Yours,  
WELLS FARGO BANK, N.A.

By:   
Authorized Signature

  
Witness

'Together we'll go far





DAWN SHINSATO  
VICE PRESIDENT

Witness

24 day of May, 2013

TITLE

The original of the Letter of Credit contains an embossed seal over the Authorized Signature.

Please direct any written correspondence or inquiries regarding this Letter of Credit, always quoting our reference number, to **Wells Fargo Bank, National Association**, Attn: U.S. Standby Trade Services

at either One Front Street  
MAC A0195-212,  
San Francisco, CA 94111

or 401 Linden Street  
MAC D4004-017,  
Winston-Salem, NC 27101

Phone inquiries regarding this credit should be directed to our Standby Customer Connection Professionals

1-800-798-2815 Option 1  
(Hours of Operation: 8:00 a.m. PT to 5:00 p.m. PT)

1-800-776-3862 Option 2  
(Hours of Operation: 8:00 a.m. EST to 5:30 p.m. EST)

Together we'll go far



Your search on 4/10/2013 at 9:53:06 AM found 18 records.

Updated 07/25/13

**2013 PEV - Yard Equipment**

	YARD EQUIP #	Serial #	FLEET	Type	Make	Acquired Date	Fam	Doncile	Model	LOCATION as at July 2013
1	4545	312955	6420	Yard Husler	OTT	2002	HUST	PEV	F-250	Yard Mule
2	5602	1FTFW1CF8CB62507	6426	Trucks, Vans & Cars		2012	YRD	PEV	F-150	Shop PU
3	CBTP2012	99	6362	Power Packs	TAY	1999	YRD	PEV	COMMANDO 50	South Yard
4	GC016	1329064	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	L-300	Mario
5	GC017	1292760	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	H-100	Abel
6	GC018	1599092	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	E-203	Gregorio
7	GC019	1271702	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	E-200	Alex
8	GC020	2003850	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	H-100	Christy
9	GC021	1292716	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	H-100	Shop
10	GC022	1292742	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	H-100	
11	GC023	1292768	2423	GOLF - Golf Yard	EZ	1990	YRD	PEV	H-100	Maynor
12	GC031	PQ0728-777581	6423	GOLF - Golf Yard	EZ	2005	YRD	PEV	TXTPDS	Cooper
13	MIA098	AT13F70355	6427	Forklift	TOY	2000	YRD	PEV	C350DPS	6000lb
14	MIA103	1FDNF20L91EB22086	6426	Trucks, Vans & Cars	FOR	2001	YRD	PEV	FGCU25	Freddy PU
15	MIA104	1FDNF205X6EB51088	6426	Trucks, Vans & Cars	FOR	2006	HUST	PEV	F-250	Shop PU
16	MIA109	32921	6425	Toploader	TAY	2006	YRD	PEV	THDC955	Toploader
17	PPPU500103	Unknown	6362	A - POWER PACK	TAY	2011	YRD	PEV	C450/40	
18	UBCU3424554	DCG90212915	6010	Office & Storage Cont	Carrier	1993	YRD	PEV	69NT40-454	
19	CHRY4561	3C8FY4BB81T304561	6426 - T	UK - UNKNOWN	Chevr	5/2/2013	YRD	PEV	PICKUP	Chiquita car

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

**VALID OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014**

**DBA:**  
**Business Name:** CHIQUITA FRESH NORTH AMERICA

**Receipt #:** 378-233566  
**Business Type:** WHOLESALE/DISTRIBUTOR  
 (WHOLESALER)

**Owner Name:** JOSE A GOMEZ  
**Business Location:** 2051 SE 35 ST  
 FT LAUDERDALE  
**Business Phone:** 654-712-1014

**Business Opened:** 05/24/2010  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms

Seats

Employees

Machines

Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	0.00	0.00	0.00	0.00	0.00	45.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS****THIS BECOMES A TAX RECEIPT****WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

CHIQUITA FRESH NORTH AMERICA  
 P O BOX 22817  
 FT LAUDERDALE, FL 33335

**Receipt #** 10A-12-00002181  
**Paid** 07/23/2013 45.00

**2013 - 2014**

**Attachment P-1**

**Section P**

1. Copy of safety program
2. Copy of substance abuse policy
3. Copy of employee job training program/policy

Applicant conducts monthly safety meeting with the staff. Internal staff cross training is conducted to develop all employees. Maintenance and repair staff receive training from various suppliers regarding their specific equipment, materials and methods.

4. Information on frequency of training

Ongoing on regular basis at monthly meetings

5. Copies of operator certificates, if any

None required other than commercial driver's license for those operating trucks and trailers



# ***NATIONAL SAFETY***

## **Injury and Illness Safety Prevention Program**

**PAGE: Page 1 of 36**

Issue Date: 03/2002

Supersedes: 1/4/13, Rev 2/10/14

### **TABLE OF CONTENTS**

1. Safety Policy Statement & Safety Program Overview
2. Safety Program Responsibilities
3. Personal Safety Rules
4. Safety & Health Training
5. Safety & Health Committee
6. Safety Audit/Inspection Policy
7. Safety Conformance
8. Accident Investigations & Reports
9. Incentive Programs
10. Safety Program Functional Responsibilities
11. Exposure Control Plan Bloodborne Pathogens
12. Hazard Communication Program
13. Lockout/Tagout
14. Hearing Conservation Policy & Program
15. Respiratory Protection Program
16. Emergency Response & Evacuation Plan
17. Permit Required Confined Space Entry Program
18. Forklift Policy

**Note: Entire Safety/Health/Training Program is on file in Port Business Administration.**





# ***NATIONAL SAFETY***

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## **Injury and Illness Safety Prevention Program**

**PAGE: Page 2 of 36**

Issue Date: 03/2002

Supersedes: 1/4/13, Rev 2/10/14

19. Contractor Safety Guidelines
20. Welding & Cutting Procedures
21. Electrical Safety
22. Tailgate Samples
23. Battery Changing/Charging
24. Compressed Gas
25. Personal Protective Equipment
26. Fire Prevention
27. First Aid Program
28. PPE – Personal Protective Equipment



# ***NATIONAL SAFETY***

## **Injury and Illness Safety Prevention Program**

**PAGE: Page 3 of 36**

Issue Date: 03/2002

Supersedes: 1/4/13, Rev 2/10/14

### **SAFETY POLICY STATEMENT**

Safety is a major concern of Chiquita Brands and all affiliated subsidiaries. Our company policy is to provide a clean, safe and healthful work environment for all employees. Every reasonable precaution has been taken to provide you with a safe place to work. Injury prevention, however, is largely an individual responsibility and all employees are expected to do their part to work safely.

We pride ourselves in safety. Through the efforts of our employees and supervisors, we have achieved a safety record which is better than most of our competitors. Our Corporate goal is to eliminate work related injuries and rank as the safest company within the food manufacturing industry. We will require your constant help to obtain this ambitious goal.

In the pages that follow, we have outlined some of the obvious policies, rules and procedures that will contribute to your safety and that of your co-workers. As with any list, it may not contain every rule for safe conduct. However, if you follow these rules and apply common sense, you will be contributing to the high safety standards that are part of our company philosophy.

All we ask is that you do your best to work safely by using the equipment provided to you, following our safety rules and correcting or reporting unsafe conditions. We will do our best to provide you with the tools, training and materials to carry out your job in the safest manner.

If you have suggestions that will contribute to your safety, please tell us and we will incorporate them into our Corporate Safety Program.

Remember, our Safety Program is only as good as you make it. Think, act and work safely – for yourself, your family and your co-workers.



**Chiquita  
Brands  
International**

## CHIQUITA BRANDS INTERNATIONAL POLICY

### ALCOHOL AND DRUGS

POLICY #: E-20  
PAGE: 1 OF 15  
ISSUE DATE: DECEMBER 1989  
October 2012  
REVISED DATE: May 1, 2014

ISSUER: Director, Human Resources

APPROVED: Kevin Holland, EVP &  
Chief People Officer *[Signature]*

Objective .....	1
Background .....	1
Scope .....	2
Policy .....	2
A. Legally obtained drugs .....	2
B. Illegal drugs .....	2
C. Alcohol .....	3
D. Testing .....	3
E. Disciplinary action .....	3
Drug Testing .....	4
A. Pre-Employment Drug Testing .....	4
B. Post-Hire Drug Testing .....	7
1. DOT-regulated Drivers .....	7
2. All Employees .....	7
3. Reasonable Suspicion Testing .....	8
4. Procedure for Post-Employment Drug Testing .....	9
5. Post-Testing Procedure .....	10
AVAILABLE TREATMENT .....	11
ARREST AND CONVICTION .....	12

### OBJECTIVE

Alcohol and illegal drug use can create very serious health and safety risks for all employees and can affect our productivity and work quality. It is the intent of this policy to communicate the Company's zero tolerance for alcohol and illegal drug use and/or impairment by alcohol and illegal drug use in the workplace and to establish procedures for pre-employment and post-hire drug testing.

As stated in this policy, Chiquita may refuse to employ an individual who tests positive for illegal drugs prior to hire. Chiquita also prohibits employees from using or being impaired by or under the influence of drugs or alcohol while performing work for Chiquita.

### BACKGROUND

Chiquita is primarily concerned with those situations where the use of alcohol and drugs interferes with an employee's safety or job performance; adversely affects the health or safety of the employee or of other employees; interferes with another's employee's job performance; or potentially threatens the integrity of its products.

**Note: Entire Alcohol and Drug Program on file in Port Business Administration.**

# Living Our Core Values... in Our Global Communities

We are proud of  
our long-standing  
commitment to improve  
the quality of life  
in the communities  
in which we live  
and work, through  
our participation in  
community projects and  
philanthropic programs.



## Protecting the Environment

We are committed to reducing our environmental impact and protecting sound natural ecosystems by implementing sound and safe operating practices. We comply with all relevant environmental laws, rules and regulations in every jurisdiction in which we operate, and we will strive to exceed these by following internationally accepted standards where they exist.

As a company, we are committed to working together continuously with employees, customers, suppliers, and consumers to:

- Reduce our environmental impact:
  - Maximize efficient use of natural resources
  - Reduce, reuse, and recycle
  - Protect biodiversity through conservation
  - Execute environmental and social management systems.

## • Improve world nutrition:

- Focus on fruits and vegetables that provide the most nutrition possible
- Develop healthy, nutritious, and convenient foods for improving people's lives.

## • Enhance livelihoods:

- Ensure our employees are trained well and work safely
- Provide education and income opportunities.

## Commitment to Our Communities

As a global business leader, we will respect cultural differences and be responsible corporate citizens in the communities in which we operate. Chiquita is actively involved in community and charitable activities.

Chiquita encourages employees to become actively involved in community, volunteer and charitable activities, especially those



that further our employees' professional growth and development: Eligible

employees are given eight hours of paid Volunteer Time Off each calendar year to volunteer for worthy causes close to their own personal interests with the goal of energizing hearts and engaging minds through Live Chiquita!

At Chiquita, we:

- Support projects and organizations that make a positive contribution to our communities.
- Carefully examine any requests to the company for charitable donations.
- Do not donate company funds, or make a contribution in the company's name, without proper approval.
- Do not pressure others to contribute to charitable organizations.

For additional information about CSR at Chiquita please see: <http://www.chiquita.com/getattachment/4dedce2f-c4ac-4183-9e14-c87a6202e511/2012-Corporate-Responsibility-Report.aspx>

## Political Activities and Charitable Donations

At Chiquita we welcome the opinions and ideas of all people. We each have the right to participate in the political process and engage in political activities. Although the laws and regulations governing political activities by corporations can be complex, it's important to remember that you may not do anything that would make it appear that Chiquita is supporting a candidate or an initiative without pre-approval by the General Counsel. You must use your own time and resources and not the company's when participating in political activities. For example, you may not make fundraising calls from the office or hang political posters in company workspaces.

We do not make political contributions, even if legally permissible. Political contributions include both cash contributions and in-kind donations either to political parties or to individual politicians. This provision does not apply to company sponsored PACs or the administration and other permissible





activities the entity may undertake in their support.

Chiquita's lobbying and advocacy activities are guided by the principles of transparency and openness. Chiquita respects the national laws of each of the jurisdictions in which the company carries out lobbying activities. If you have any questions regarding political activities or charitable contributions please contact Chiquita's Senior VP Government and International Affairs, and Corporate Responsibility Officer.

### Social Media

Social media and social networking have changed the way we communicate with each other and with the world. Social media includes: websites, social networking sites, and all forms of online publishing and discussion such as blogs, wikis, file sharing, user generated video and audio content, virtual worlds, forums, chat rooms, mobile applications and other networks.

Even though the manner and tools through which we are communicating may be different, our traditional communication rules still apply:

- If you wish to make a comment about Chiquita in your personal social media interactions, you must ensure that your post clearly explains you are speaking for yourself and not on behalf of Chiquita.
  - Never post confidential information about Chiquita, our colleagues, customers, suppliers, or business partners on any social media sites.
  - If Chiquita has authorized you to speak on behalf of the company through social media as a part of your job duties, you must at all times adhere to Chiquita's guidelines for authorized communications.
- For additional information see our Social Media and Social Networking Policy.

# Our Social Media Presence



**Chiquita Banana**

<https://www.facebook.com/Chiquita>

**Chiquita Snacking**

<https://www.facebook.com/ChiquitaSnacking>

**Fresh Express**

<https://www.facebook.com/FreshExpressSalads>



**Chiquita**

[http://www.linkedin.com/groups/Chiquita-3702066/about?trk=anet Ug\\_gppro](http://www.linkedin.com/groups/Chiquita-3702066/about?trk=anet Ug_gppro)



**Chiquita Banana**

<http://pinterest.com/chiquitabrands/>

**Fresh Express**

<http://pinterest.com/freshexpress>



**Chiquita**

<https://twitter.com/Chiquita>

**Chiquita Careers**

<https://twitter.com/ChiquitaCareers>

**Chiquita Classic**

<https://twitter.com/ChiquitaClassic>

**Fresh Updates**

<https://twitter.com/FreshUpdates>



**OfficialChiquita**

<http://www.youtube.com/officialchiquita>

**Banana Recipes**

<http://www.youtube.com/bananarecipes>



**Chiquita**

<http://www.Chiquita.com/>

**Chiquita Bananas**

<http://www.ChiquitaBananas.com/>

**Chiquita Moms**

<http://www.ChiquitaMoms.com/>

**Fresh Express**

<http://www.FreshExpress.com/>

**CSR**

<http://www.chiquita.com/getattachment/4dedce2f-c4ac-4183-9e14-c87a6202e511/2012-Corporate-Responsibility-Report.aspx>