

**Exportador** EXPORTADORA SANTA ELENA S.A.

**RUT** 96972530-4

**Giro** MAYORISTA DE FRUTAS Y VERDURAS

**Dirección** FUNDO SANTA ELENA S/N Colina

**Teléfono** +56 2 2489 4400

**Fax** +56 2 2489 4400

**País** CHILE

**Company** DIVINE FLAVOR LLC

**Address** 766 N TARGET RANGE RD. NOGALES, AZ 85621 - USA



**PROFORM INVOICE N°**

202400016

Date

15/01/2024

Shipment N°	Vessel	Terms of Payment	Port of Destiny	Terms Of Sailing	Country of Origin
OE232400007	MSC CASSANDRE	COBRANZA	PHILADELPHIA	CONSIGNACION LIBRE	CHILE
Transport	Port of Loading	Port of Discharge	Country of Destiny	Net Weight	Gross Weiight
EMBARQUE MARITIMO	VALPARAISO	PHILADELPHIA	ESTADOS UNIDOS	12.410,0	14.110,0

Code	Quantity	Description	Variety	Net Weight	Gross Weight	Size	Unit Price	Total
TABLE GRAPES	1.700	TABLE GRAPES	TABLE GRAPES Muscat (WHITE)HONEY PEARL /NOT ORGANIC	7,30	8,30	M	8,00	13.600,00
					Freight			6.542,00

Observations: Container: CXRU116737-0

<b>Total</b>	1700 CAJAS	20.142,00
<b>Total USD</b>	20.142,00	<b>Rate</b>
		1
		<b>Total USD CFR</b> 20.142,00
<b>Receiver</b>	<b>N° DUS</b>	<b>Date and BL Number</b>
DIVINE FLAVOR LLC	11827511	15/01/2024 MEDUEJ227481

**T/C** 908,67

**Total Pesos** 18.302.431

 <b>MEDITERRANEAN SHIPPING COMPANY S.A.</b> Website: www.msccgva.ch SCAC Code: MSCU		<b>SEA WAYBILL No.</b> <b>NON-NEGOTIABLE COPY</b> <small>"Port-To-Port" or "Combined Transport"(see Clause 1)</small>																																														
		<b>NO.&amp; SEQUENCE OF SEA WAYBILLS</b> NO. OF RIDER PAGES 3 Three																																														
<b>SHIPPER:</b> EXPORTADORA SANTA ELENA S.A. FUNDO SANTA ELENA S/N COLINA RUT: 96972530-4		TEL: +562 24894418 FAX: +562 2489401 MARIELA MARTINEZ S - COMEX@SANTAELENA.COM																																														
<b>CONSIGNEE:</b> DIVINE FLAVOR LLC 766 N TARGET RANGE RD. NOGALES, AZ 85621 - USA		CONTACT: JOSE ANTONIO MARTINEZ HARO TEL: 520-281-8328 JAMARTINEZ@ DIVINEFLAVOR.COM																																														
<b>NOTIFY PARTIES :</b> (No responsibility shall attach to Carrier or to his Agent for failure to notify - see Clause 20) J&K Fresh East, div. of 721 Logistics 399 Market Street, Suite 220 Philadelphia PA 19106 - USA		JK FRESH EAST // 610-362-5062 FAX: 610-362-1361 DOCS@JKFRESH-EAST.COM																																														
<b>VESSEL AND VOYAGE NO</b> (see Clause 8 & 9) <b>MSC CASSANDRE - NX402R</b>		<b>PORT OF LOADING</b> <b>Valparaiso, Chile</b>	<b>PLACE OF RECEIPT:</b> (Combined Transport ONLY - see Clause 1 & 5.2) <b>XXXXXXXXXXXXXXXXXX</b>																																													
<b>BOOKING REF.</b> (or) <b>070ISA1099245</b>	<b>SHIPPER'S REF.</b> <b>XXXXXXXXXXXXXXXXXX</b>	<b>PORT OF DISCHARGE</b> <b>Philadelphia, United States</b>	<b>PLACE OF DELIVERY :</b> (Combined Transport ONLY - see Clause 1 & 5.2) <b>XXXXXXXXXXXXXXXXXX</b>																																													
<b>PARTICULARS FURNISHED BY THE SHIPPER - NOT CHECKED BY CARRIER - CARRIER NOT RESPONSIBLE</b> (see Clause 14)																																																
<b>Container Numbers, Seal Numbers and Marks</b>	<b>Description of Packages and Goods</b> <small>(Continued on attached Bill of Lading Rider pages(s), if applicable)</small>		<b>Gross Cargo Weight</b> <b>Measurement</b>																																													
<b>CXRU1167370</b> 40' HIGH CUBE REEFER  Seal Number: FX29634122 Tare Weight: 4,620 kgs.	continued from Carrier's Agent Endorsements  <small>SHIPPER DECLARAS THAT ANY APPLICABLE WOOD PACKAGING MATERIALS COMPLY WITH ISPM15 REGULATIONS. FAILURE TO COMPLY WILL RESULT IN CONTAINERS BEING RETURNED TO LOAD PORT OR CARGO DESTROYED - ALL COSTS/FINES/PENALTIES WILL BE FOR SHIPPERS ACCOUNTS.</small>																																															
	1700 Case(s) of FRESH GRAPES ON 20 PALLETS  HS CODE: 0806.10  REF.: OE232400007 FREIGHT PREPAID  Temperature: -1.0 C  Total Items: 1700		14,110.000 kgs.  Total : 14,110.000kgs.	60.000 cu. m.  60.000 cu. m.																																												
<b>FREIGHT &amp; CHARGES</b> <small>Cargo shall not be delivered unless Freight &amp; Charges are paid(see Clause 16)</small>																																																
<table border="1"> <thead> <tr> <th>FREIGHT &amp; CHARGES</th> <th>BASIS</th> <th>RATE</th> <th>PREPAID</th> <th>COLLECT</th> </tr> </thead> <tbody> <tr> <td>Ocean Freight</td> <td>1</td> <td>USD 5,490.00</td> <td>USD 5,490.00</td> <td></td> </tr> <tr> <td>Carrier Security Fee</td> <td>1</td> <td>USD 11.00</td> <td>USD 11.00</td> <td></td> </tr> <tr> <td>Seal Fee</td> <td>1</td> <td>USD 3.00</td> <td>USD 3.00</td> <td></td> </tr> <tr> <td>LOW SULPHUR FUEL CONTRIB</td> <td>1</td> <td>USD 100.00</td> <td>USD 100.00</td> <td></td> </tr> <tr> <td>Documentation Fee</td> <td>1</td> <td>USD 50.00</td> <td>USD 50.00</td> <td></td> </tr> <tr> <td>Wharfage</td> <td>1</td> <td>USD 75.00</td> <td>USD 75.00</td> <td></td> </tr> <tr> <td>BUNKER RECOVERY COST SU</td> <td>1</td> <td>USD 888.00</td> <td>USD 888.00</td> <td>USD 75.00</td> </tr> <tr> <td>Declared Value :</td> <td colspan="2"> <b>TOTAL FREIGHT &amp; CHARGES</b>            USD 6,542.00         </td> <td>USD 6,542.00</td> <td>USD 75.00</td> </tr> </tbody> </table>				FREIGHT & CHARGES	BASIS	RATE	PREPAID	COLLECT	Ocean Freight	1	USD 5,490.00	USD 5,490.00		Carrier Security Fee	1	USD 11.00	USD 11.00		Seal Fee	1	USD 3.00	USD 3.00		LOW SULPHUR FUEL CONTRIB	1	USD 100.00	USD 100.00		Documentation Fee	1	USD 50.00	USD 50.00		Wharfage	1	USD 75.00	USD 75.00		BUNKER RECOVERY COST SU	1	USD 888.00	USD 888.00	USD 75.00	Declared Value :	<b>TOTAL FREIGHT &amp; CHARGES</b> USD 6,542.00		USD 6,542.00	USD 75.00
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<b>DECLARED VALUE</b> (Only applicable if Ad Valorem charges paid - see Clause 7.3) <b>XXXXXXXXXXXXXXXXXX</b>		<b>CARRIER'S RECEIPT</b> (No. of Cntrs or Pkgs rcvd by Carrier - see Clause 14.1) 1 cntr		RECEIVED by the Carrier from the Shipper in apparent good order and condition unless otherwise stated herein the total number or quantity of containers or other packages or units indicated in box entitled "Carrier's Receipt" for carriage subject to all the term hereof from the Place of Receipt or the Port of Loading, to the Port of Discharge or Place of Delivery, whichever is applicable, IN ACCEPTING THIS SEA WAYBILL THE SHIPPER EXPRESSLY ACCEPTS AND AGREES TO, ON HIS OWN BEHALF AND ON BEHALF OF THE CONSIGNEE, THE OWNER OF GOODS AND THE MERCHANT, AND WARRANTS HE HAS AUTHORITY TO DO SO, ALL THE TERMS AND CONDITIONS WHETHER PRINTED, STAMPED OR OTHERWISE INCORPORATED ON THIS SIDE AND ON THE REVERSE SIDE AND TERMS AND CONDITIONS OF THE CARRIER'S APPLICABLE TARIFF AS IF THEY WERE ALL SIGNED BY THE SHIPPER.  Unless instructed otherwise in writing by the Shipper delivery of the Goods will be made only to the Consignee or his authorized representatives. This Sea Waybill is no a document of title to the Goods and delivery will made, after payment of any outstanding Freight and charges, only on provision of proper proof of identity and/or authorization at the Port of Discharge or Place of Delivery, as appropriate, without the need to produce or surrender a copy of this Sea Waybill.  IN WITNESS WHEREOF the Carrier, Master or their Agent has signed this Sea Waybill.																																												
<b>PLACE AND DATE OF ISSUE</b> <b>MSC CHILE</b> <b>17-Jan-2024</b>		<b>SHIPPED ON BOARD DATE:</b> <b>15-Jan-2024</b>																																														



# CERTIFICADO FITOSANITARIO

## PHYTOSANITARY CERTIFICATE

Nº 2450977



### SERVICIO AGRICOLA Y GANADERO

ORGANIZACION DE PROTECCION FITOSANITARIA DE CHILE  
PLANT PROTECTION ORGANIZATION OF CHILE

CODIGO VERIFICADOR / code verifier  
YXKD2024WZ01Q24

1. A: ORGANIZACION (ES) DE PROTECCION FITOSANITARIA DE / To: Plant Protection Organization (s) of:

UNITED STATES

### DESCRIPCION DEL ENVIO / DESCRIPTION OF CONSIGNMENT

2. NOMBRE Y DIRECCION DEL EXPORTADOR / Name and address of Exporter EXPORTADORA SANTA ELENA S.A., FONDO SANTA ELENA S/N - COLINA - CHILE	3. NOMBRE Y DIRECCION DECLARADOS DEL DESTINATARIO / Declared name and address of consignee DIVINE FLAVOR LLC, 766 N TARGET RANGE RD. NOGALES, AZ 85621 - USA	
4. NUMERO Y DESCRIPCION DE BULTOS / Number and description of packages 1700, BOXES	5. NOMBRE DEL PRODUCTO Y CANTIDAD DECLARADA / name of produce and declared quantity FRESH GRAPES, 12410 KGS NET WT	6. NOMBRE BOTANICO DEL PRODUCTO / Botanical name of produce VITIS VINIFERA
7. MEDIO DE TRANSPORTE DECLARADO / Declared means of conveyance MSC CASSANDRE	8. LUGAR DE ORIGEN / Place of origin III REGION: HUASCO	9. PUNTO DE ENTRADA DECLARADO / Declared point of entry PHILADELPHIA
10. MARCAS DISTINTIVAS / Distinguishing marks CONTAINER: CXRU116737-0		

11.- Por la presente se certifica que las plantas, productos vegetales u otros artículos reglamentados descritos aquí se han inspeccionado y/o sometido a análisis de acuerdo con los procedimientos oficiales adecuados y se considera que están libres de plagas cuarentenarias especificadas por la parte contratante importadora y que cumplen los requisitos fitosanitarios vigentes de la parte contratante importadora, incluidos los relativos a las plagas no cuarentenarias reglamentadas.

This is to certify that the plants, plant products or other regulated articles described herein have been inspected and/ or tested according to appropriate official procedures and are considered to be free from the quarantine pest specified by the importing contracting party and to conform with the current phytosanitary requirement of the importing contracting party, including those for regulated non-quarantine pest.

### DECLARACION ADICIONAL / ADDITIONAL DECLARATION

FRESH GRAPES: "THE CONSIGNMENT WAS PRODUCED IN A PEST-FREE AREA FOR MEDFLY, CERATITIS CAPITATA"  
"THE PACKAGING SATISFIES USDA/APHIS QUARANTINE TREATMENT REQUIREMENTS"

### TRATAMIENTO DE DESINFESTACION / DISINFESTATION AND/OR DISINFECTION TREATMENT

12. FECHA / Date XXXX	13. TRATAMIENTO / Treatment XXXX	
14. PRODUCTO (Ingrediente Activo) / Chemical (active ingredient) XXXX	15. CONCENTRACION / Concentration XXXX	16. DURACION Y TEMPERATURA / Duration and temperature XXXX
17. INFORMACION ADICIONAL / Additional information XXXX		



TIMBRE DE LA ORGANIZACION / Stamp of Organization

18. NOMBRE OFICIAL AUTORIZADO (A) / Name of authorized officer  
DANIELA SOTO MALIO

19. FIRMA OFICIAL AUTORIZADO (A) / Signature of authorized officer  
El documento ha sido suscrito con firma electrónica avanzada acorde a la Ley N°19.799 de la República de Chile.  
This document has been signed with advanced electronic signature according to Law N°19.799 of the Republic of Chile.



20. LUGAR DE EMISION / Place of issue  
PUERTO VALPARAISO

21. FECHA / Date  
JANUARY 24, 2024

- EL SERVICIO AGRICOLA Y GANADERO, sus funcionarios y representantes, declinan toda responsabilidad financiera resultante de este Certificado. / No financial liability shall attach to the SERVICIO AGRICOLA Y GANADERO or to any of its officers or representatives with respect to this certificate.
- Cualquier adulteración o uso indebido de este documento, es penado por Ley. / Any adulteration and / or incorrect use of this official document are pained by law.

**United States - Chile Free Trade Agreement**  
**CERTIFICATE OF ORIGIN**  
(Instructions on reverse)

**Tratado de Libre Comercio Chile - Estados Unidos**  
**CERTIFICADO DE ORIGEN**  
(Instrucciones al reverso)

1 Exporter's Name, Address and Tax identification Number: Nombre, dirección y Número de Rol Único Tributario del exportador  <b>EXPORTADORA SANTA ELENA S.A.</b> Fundo Santa Elena S/N, Colina Santiago - Chile Rut: 96.972.530-4		2 Blanket Period: Período que cubre:  <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td>D</td><td>M</td><td>Y - A</td><td>To</td><td>D</td><td>M</td><td>Y - A</td></tr><tr><td>01</td><td>01</td><td>2024</td><td>A</td><td>31</td><td>12</td><td>2024</td></tr></table>		D	M	Y - A	To	D	M	Y - A	01	01	2024	A	31	12	2024
D	M	Y - A	To	D	M	Y - A											
01	01	2024	A	31	12	2024											
3 Producer's Name, Address and Tax identification Number: Nombre, dirección y Número de Rol Único Tributario del productor:  "VARIOS"		4 Importer's Name, Address and Tax identification Number: Nombre, dirección y Número de Rol Único Tributario del importador:  <b>DIVINE FLAVOR LLC</b> 766 N TARGET RANGE RD. NOGALES AZ 85621 - USA															
5 Description of Good(s) - Descripción del (los) bien (es)  FRESH GRAPES		6 HS Tariff Classification Clasificación Arancelaria	7 Preference Criterion Criterio para trato preferencial	8 Producer Productor	9 RVC VCR	10 Country of Origin País de origen											
		0806.10	"A"	NO (2b)	NO	"CL"											
<p>11 I certify that:</p> <ul style="list-style-type: none"> <li>- The information on this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document;</li> <li>- I agree to maintain, and present upon request, documentation necessary to support this Certificate, and to inform, in writing, all persons to whom the Certificate was given of any changes that would affect the accuracy or validity of this Certificate;</li> <li>- The goods originated in the territory of one or more of the Parties, and comply with the origin requirements specified for those goods in the United States-Chile Free Trade Agreement, and unless specifically exemplified in Article 4.11 of Annex 4.1, there has been no further production or any other operation outside the territories of the Parties; and</li> </ul> <p>This Certificate consists of _____ pages, including all attachments Este Certificado se compone, de _____ hojas incluyendo todos sus anexos.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;">Authorized Signature - Firma autorizada  </td> <td style="vertical-align: top; width: 50%;">Company - Empresa  <b>EXPORTADORA SANTA ELENA S.A.</b></td> </tr> <tr> <td>Name - Nombre <b>MARIELA MARTINEZ</b></td> <td>Title - Cargo <b>MANAGER EXPORTS</b></td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td>Date - Fecha 01</td> <td>M 01</td> <td>Y-A 2024</td> <td>Telephone - Teléfono 56 2 2489 4400</td> <td>FAX - Fax 56 2 24894400</td> </tr> </table> <p>12. Observaciones</p>							Authorized Signature - Firma autorizada  	Company - Empresa  <b>EXPORTADORA SANTA ELENA S.A.</b>	Name - Nombre <b>MARIELA MARTINEZ</b>	Title - Cargo <b>MANAGER EXPORTS</b>	Date - Fecha 01	M 01	Y-A 2024	Telephone - Teléfono 56 2 2489 4400	FAX - Fax 56 2 24894400		
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