

**Bill to:**

Primo

,
,
,

Invoice Date: 12/21/2023

Invoice #: 1825688

Terms: NET 30

Due Date: 01/21/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/19/2023		201 James Lawrence Rd, Jackson, TN, USA - 10880 Northwest 27th Street, Doral, FL, USA			
			1	\$3,000.00	\$3,000.00

TOTAL
\$3,000.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below.

Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC

P.O.BOX 205154

DALLAS, TX 75320-5154

Tel: 844-899-8092



Logistics Freight Solutions LL
PO BOX 227008
MIAMI, FL 33222
Phone: (305) 909-7870
ops1tl@heyprimo.com

Mailing Address
Logistics Freight Solutions LLC DBA P
PO BOX 227008
MIAMI, FL 33222
Phone: (305) 909-7870

Dispatch Information

For carrier reference only - not intended for shipper

Carrier Information

Name: Royal3 INC
Phone: (630) 485-7370
Fax:
Contact: Peter ext. 106
Equipment: Dry Van 53'

Motor Carrier#: 944686
Quote#:
Load#: 1825688
Ship Date: 12/19/2023
Ready: 04:30 PM **Close:** 04:30 PM
Delivery Date: 12/21/23 from 10:30 to 10:30

Shipper Information

Kelloggs Jackson NSD DC
 201 JAMES LAWRENCE RD
 JACKSON, TN 38301
 Phone: (616) 219-6225
Phone numbers provided for carrier convenience
Contact: Jenna Duthler - Ph.: (616) 219-6225
Email: jenna.duthler@kellogg.com

Consignee Information

Acco Foreign Shipping, Inc
 10880 N W 27TH TH ST STE 200
 DORAL, FL 33178
 Phone: (305) 591-8380
Phone numbers provided for carrier convenience
Contact: Mayleni Montequin - Ph.: (305) 591-8380
Email: mayleni@accoterramar.com

Shipper Ref#: - Cnee Ref#:

Additional Services:

3RD PARTY BILL FREIGHT PREPAID TO:
Logistics Freight Solutions Inc
PO BOX 720637
MIAMI, FL 33172

DESCRIPTION OF ARTICLES

QTY	TYPE	STC	SHORT DESCRIPTION	HZ	LEN	WID	HGT	STACK	NMFC	CLASS	ACT WT
1	OTH	3900 CS	CEREAL					-		50	25989
TOTAL:				1							25989 LB

Carrier Charge:

MxFreight Charge Cost \$ 2446.15
MxFuel Surcharge Cost \$ 553.85
Total: **\$3,000.00**

Additional Notes:

Pickup Number: 873294300 Cust PO Number: KWOM33909

SEE NEXT PAGE FOR PAYMENT INSTRUCTIONS

Please respond back with pickup number via Email: trackandtrace@lfs-inc.com

1. Carrier will bill Logistics Freight Solutions directly for all services provided unless otherwise agreed to in writing. 2. Freight charges will be submitted to Logistics Freight Solutions with a bill of lading, rate confirmation sheet, and any other supporting documentation, and will be paid within 30 days of receipt of freight bill. 3. Carrier will be responsible for verifying piece count and Cargo space at the time of pick up. Discrepancies will be reported immediately and Carrier shall wait for further instructions before leaving Shipper premises. Notations such as STC (said to contain) and SWP (shrink wrap pallet) will not insulate Carrier from liability in the event of a cargo claim. In the case of Auto Transport, Driver must perform a full inspection of the Vehicle, including Milage, and set all notations on the BOL. 4. Carrier agrees to provide cargo liability insurance in the amount listed above but not less than a minimum of \$100,000 to compensate the owner of property in the event of loss or damage. Carrier also agrees to provide a current certificate of cargo insurance with Logistics Freight Solutions LLC named as an additional insured. In the event of a cargo claim, Carrier will be liable for any loss, damage, delay, or theft of the cargo pursuant to 49 USC 14706 which may include the full invoice value of the loss. 5. Transportation services requested herein will be provided by the Carrier named above. This shipment may not be tendered to another carrier, brokered out, sub hauled, etc. without written consent by Logistics Freight Solutions LLC. Carrier specifically agrees that all freight tendered to it under this agreement shall be transported on equipment operated only under the authority of the Carrier and shall not in any manner sub contract, broker, or in any other form arrange for the freight to be transported by a third party. 6. Carrier will not solicit freight from any parties to this shipment for a period of twelve (12) months. Carrier acknowledges that this constitutes a No Back Solicitation clause. 7. Carrier consent to pick up shipment acknowledges and constitutes Carriers acceptance of the terms and conditions outlined herein. 8. All cargo claims will be presented to Carrier within nine (9) months of delivery, expected delivery, or loss or damage. Carrier agrees to acknowledge and respond to claims presented in a timely manner in accordance with 49 CFR Part 370. 9. Carrier agrees to deliver freight and adhere to transit times requested herein. In the event of delay, Carrier will notify Logistics Freight Solutions LLC in writing of any anticipated service failures twenty-four (24) hours in advance of the originally expected delivery date. 10. The venue and jurisdiction for any dispute arising from this agreement and/or relationship between Logistics Freight Solutions LLC and Carrier, including but not limited to disputes over individual shipments, shall be brought in the federal or state courts serving Miami-Dade County, Florida.

Printed on Monday December 18 2023

Accepted: Al Milanovic **Date:** _____

Driver: _____ **Phone#:** _____ **Truck#:** _____ **Trailer#:** _____
Load #1825688



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PO BOX 227008
MIAMI, FL 33222
Phone: (305) 909-7870
ops1tl@heyprimo.com

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Dispatch Information

For carrier reference only - not intended for shipper

Carrier Information

Name: Royal3 INC
Phone: (630) 485-7370
Fax:
Contact: Peter ext. 106
Equipment: Dry Van 53'

Motor Carrier#: 944686
Quote#:
Load#: 1825688
Ship Date: 12/19/2023
Ready: 04:30 PM Close: 04:30 PM
Delivery Date: 12/21/23 from 10:30 to 10:30

LFS Carrier Payment Instructions:

1. Terms

- a. Payment terms are Net 30

2. Required Documents

- a. Invoice (must include load #)
- b. Rate Confirmation as provided by LFS
- c. Bill of Lading / Proof of Delivery (must be signed by driver, shipper, and consignee)

3. Where to Send the Invoice

- a. Please send the required documents to: bills@heyprimo.com
- b. All documents must be attached, do not paste images into the email. This will not be accepted as a valid invoice.

4. Questions About Payment Status

- a. For all payment inquiries please email: payable@heyprimo.com

5. Mailing Address

- a. The mailing address for invoice submissions is below. Email is preferred, if possible. Please note, payment terms do not start until the invoice is received.

Logistic Freight Solutions Inc
PO BOX 227008
Miami, FL 33172

Shipment Date: 12/19/2023

BILL OF LADING

Page: 1 of 1

SHIP FROM

Name: NSD - Jackson, TN-KELLOGG SALES CO.

Address: 201 JAMES LAWRENCE RD

City/State/Zip: JACKSON, TN 38301

Ph:

SHIP TO

Name: COMERCIALIZADORA ALFA LLC-KSH6682054

Address: 16850 COLLINS AVE STE 112 PMB 431

City/State/Zip: SUNNY ISLES BEACH, FL 33160-4291

Customer #: KSH6682054

FOB: ☐

Ph: (506) 86601212

THIRD PARTY FREIGHT CHARGES BILL TO

SEND FREIGHT BILL DIRECT TO CUSTOMER

Bill of Lading / Shipment : **873294300**

Booking Conf #



Carrier Name: CUSTOMER PICK UP LIVE LOAD

Trailer Number: H03252

Seal Number(s): 1728121

SCAC: CPU1

PRO Number:

Order Number: 12632962

Delivery Number: 78084064

Stop Number: 0002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

☐ Prepaid ☐ Collect ☒ 3rd party☒ Master Bill of Lading: with attached underlying Bills of Lading**CUSTOMER ORDER INFORMATION**

Customer Order Number	Pkgs	Wgt(LBS)	Wgt(KGS)	Vol(Cub FT)	Pallet/Slip	Delivery Date	Addn'l Shipper Info
KWOM33909	60	25699.440	11657.060	2990.155	Y N	12/19/2023	
		0.000	0.000	0.000	Y N		
		0.000	0.000	0.000	Y N		
		0.000	0.000	0.000	Y N		
		0.000	0.000	0.000	Y N		
		0.000	0.000	0.000	Y N		
GRAND TOTAL	60	25699.440	11657.060	2990.155			

CARRIER INFORMATION

HANDLING		Package		WEIGHT		H.M.	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	LBS	KGS	(X)		NMFC#	CLASS
3900	PC	3900	CS	25699.440	11657.060		SNACKFDS,CHPS	74800	125
		60	GMAH	2400.000	1088.621				
				0.000	0.000				
				0.000	0.000				
				0.000	0.000				
				0.000	0.000				
3900				28099.440	12745.681		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment offlight and all other lawful charges.

Signature. _____ Shipper

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation of the applicable regulations of the US DOT.

Trailer Loaded:

- ☐ By Shipper
☐ By Driver
☐ Live Load
☐ Drop Load

Freight Counted:

- ☐ By Shipper
☐ By Driver/Pallets
 said to contain
☐ By Driver/Places

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

RECEIVER SIGNATURE / DATE

CARRIER SIGNATURE / PICKUP DATE

Shipment Date: 12/19/2023

BILL OF LADING

Page: 1 of 1

SHIP FROM

Name: NSD - Jackson, TN-KELLOGG SALES CO.
Address: 201 JAMES LAWRENCE RD
City/State/Zip: JACKSON, TN 38301
Ph:

Bill of Lading / Shipment : **873294300**
Booking Conf #



SHIP TO

Name: COMERCIALIZADORA ALFA LLC-KSH6682054
Address: 16850 COLLINS AVE STE 112 PMB 431
City/State/Zip: SUNNY ISLES BEACH, FL 33160-4291
Customer #: KSH6682054

Carrier Name: CUSTOMER PICK UP LIVE LOAD
Trailer Number: H03252
Seal Number(s): 1728121

Ph: (506) 86601212

SCAC: CPU1
PRO Number:
Order Number: 12632962
Delivery Number: 78084064
Stop Number: 0002

THIRD PARTY FREIGHT CHARGES BILL TO

SEND FREIGHT BILL DIRECT TO CUSTOMER

SPECIAL INSTRUCTIONS

For disposition of any product held or refused, immediately notify the Uber Freight
OSD coordinator at email: overshortagedamage@uberfreight.com
Drivers please contact your dispatcher to follow Kellogg OSD procedures.
RSPO Certificate NO. CU-RSPO SCC-830606 RSPO Model: MB

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

☐ Prepaid ☐ Collect ☒ 3rd party

☒ Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

Customer Order Number	Pkgs	Wgt(LBS)	Wgt(KGS)	Vol(Cub FT)	Pallet/Slip	Delivery Date	Addn'l Shipper Info
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		0.000	0.000	0.000	Y N		
		0.000	0.000	0.000	Y N		
		0.000	0.000	0.000	Y N		
		0.000	0.000	0.000	Y N		
GRAND TOTAL	60	25699.440	11657.060	2990.155			

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QTY	TYPE	QTY	TYPE	LBS	KGS	(X)			NMFC#	CLASS
3900	PC	3900	CS	25699.440	11657.060		SNACKFDS,CHPS		74800	125
		60	GMAH	2400.000	1088.621					
				0.000	0.000					
				0.000	0.000					
				0.000	0.000					
3900				28099.440	12745.681		GRAND TOTAL			

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COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment in full and all other lawful charges.

Signature.

Shipper

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation of the applicable regulations of the US DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver
☐ Live Load
☐ Drop Load

Freight Counted:

☐ By Shipper
☐ By Driver/Pallets
said to contain
☐ By Driver/Places

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

RECEIVER SIGNATURE / DATE 12-21-23

CARRIER SIGNATURE / PICKUP DATE