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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT: The Seed of Alchemy LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marvin Kirschenbaum, CPA
Name of Person
Marvin Kirschenbaum CPA, P.C.
Firm/Company
332 Meehan Ave-Reads Landing
Address
West Lawrence, NY 11691-5431
City/State and Zip Code
temportran@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Silverberg at (305) 705-9866x
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$155.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$\$

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Seed of Alchemy LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

18911 Collins Ave OceanIII Suite 1101 Sunny Isles Beach, FL 33160-2389762

18911 Collins Ave OceanIII Suite 1101 Sunny Isles Beach, FL 33160-2389762

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Steve Silverberg

Name

8911 Collins Ave OceanIII Suite 1101

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

Sunny Isles Beach

ch FL 33160-2389762 • City, State, and 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Steve Silverberg 8911 Collins Ave OceanIII Suite 1101 Sunny Isles Beach, FL 33160-2389762
(Use attachment if necessary)	
	e date of filing: January1, 2012 . (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Steve Silverberg

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)