

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
TRUORGANIC LP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

RECEIVED

14 APR 18 AM 11:16

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TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 18 AM 8:05

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Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers APR 21 2014

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Truorganic LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. February 10, 2014

Date of Formation

4. Federal Employer Identification Number: Applied for**5. Name of Registered Agent for Service of Process and Florida Street Address:**Lilla Friend607 SW Indian Key DrivePort St. Lucie, FL 34986

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


 Signature of Registered Agent
7. Principal Office:648 Port St. Lucie Blvd.Port St. Lucie, FL 34953**8. Mailing Address:**648 Port St. Lucie Blvd.Port St. Lucie, FL 34953**9. If limited partnership is a limited liability limited partnership, check box.****10. Name, principal office address, and mailing address of each general partner:**Name of General Partner: Truorganic GP LLC

Name of General Partner: _____

Street Address: 648 Port St. Lucie Blvd.

Street Address: _____

Port St. Lucie, FL 34953Mailing Address: 648 Port St. Lucie Blvd.

Mailing Address: _____

Port St. Lucie, FL 34953

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22 day of February, 2014

Truorganic GP LLC, general partner
By: Lewis M. Hendler, President


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUORGANIC LP" 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 EIGHTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA

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AUTHENTICATION 140489160

DATE: 04-18-14