L03000042780

X Dennis J. Carpenter (Requestor's Name) 4933 Moore Pond Rd (Address)			
(Address) [alanasse Fl 32303 (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status Special Instructions to Filing Officer:			

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11/05/03--01042--008 **155.00

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L03-42780

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
DNA Smoothies, 1	.LC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
3839 N. Monroe St #2	3839 N. Minroe	St Unit # 2
Tallahassee, Fl 32303	Tallahassee Fl 3	2303
	<u> </u>	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register		67
Dennis J. Carpe	nter	SECRETAR IVISION CF 03 NOV -5
Horida street address (P.O. Box M.	NOT acceptable)	Y OF STAT SUPPORANT AM 11: 5
Tallahassee, F. City, State, and Zip	LORIDA 32303	TE Tioks

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 Aforida Statutes...

Registered Agent's signature

Page 1 of 2 (CONTINUED)

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	Dennis J. Carpenter	
	14933 Moore Pond Rd Tallahassee, F1 32303	<u></u>
MGRM	Adam G. Pope 4231 Rockingham Rd	
	Tallahauser, F1 3230	3.
, . N		
(Use attachment if necessary)		
NOTE: An additional article must be a	ndded if an effective date is requested.	
REQUIRED SIGNATURE:		

Signature of a member 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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DIVISION OF CORPORATION

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