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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CCIBO ORGANICS 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:	
Norman N. Drook (Name of Person)	
(Name of Person)	
CUBA DEFANICS	
CCIBA ORGANICS (Firm/Company)	<u> </u>
(Firm/Company) 13225 BISCATNE IV/D TERR (Address)	55 151
(Address)	-9 P
13225 BISCATE IVID TERR (Address) North Minni Florida 3318/ (City/State and Zip Code)	1 2:09
For further information concerning this matter, please call:	
Morman N. Brook at (31) 793-6144 (Name of Person) (Area Code & Daytime Telephone Number)	_
Enclosed is a check for the following amount:	
☐ \$125.00 Fitting Fee	atus &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLIBA OGANICS	220
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1222 BISCAYNO TID	TUPP 13225 DHCAYNU IND TIME
NOTH MIAMY Floring	TURE 13225 BHCAYNU IND TUME. 33161 NORTH MIDMI, FID. 33161
	>·· •
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature;
	egistered Office, & Registered Agent's Signature:
The name and the Florida street addres	egistered Office, & Registered Agent's Signature:
The name and the Florida street address	egistered Office, & Registered Agent's Signature: ss of the registered agent are:
The name and the Florida street address	egistered Office, & Registered Agent's Signature: ss of the registered agent are:
The name and the Florida street address	egistered Office, & Registered Agent's Signature: ss of the registered agent are:
The name and the Florida street address	egistered Office, & Registered Agent's Signature:
The name and the Florida street address Norman 13221 B Florida	egistered Office, & Registered Agent's Signature: ss of the registered agent are: N. Brooks Name 11 Cayne Fild Terr'

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

(CONTINUED)

ARTICLE IV-	- Manager(s) or Managin	g Member(s):
The name and a	iddress of each Manager of	r Managing M

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	STEPHEN R. Brooks 13225 DISERYNU IID TURK North MIRMI FlorIDA
MCR	Zachary of ZaiDMAN 2002 ANDUIN ST \$202 Derteley, CALIFORNIA 94704
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested. S
REQUIRED SIGNATURE:	added if an effective date is requested.
į	
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution of the exec
Norman	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)