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(Request	or's Name)
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Certified Copies	Certificates of Status
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Always	Buy Green, LLC				
		d Liability Comp	oany)		
The enclosed Articles of	Organization and fee(s) are s	submitted for filir	ıg.		
Please return all correspo	ndence concerning this matte	er to the followin	g:		
Joshwa Huf	f				
	(Name of Person)			
Always Buy	Green				
		(Firm/Company)			
3643 SW 2	0th Ave. Apt. 501			7.	
		(Address)		C.C.	= =
Gainesville	, FL 32607			HÄ ATI	2
	(Cîty	/State and Zip Cod	le)	0) 25 [7] ~	<u> </u>
For further information co	oncerning this matter, please	call:		OF STAT	
Joshwa Huff		at (954	673-5674	A DA	·E
(Name o	of Person)		de & Daytime Te	lephone Number)	
Enclosed is a check for	the following amount:				
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified Cop (additional copy	ру	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 1 2661 Ex	Courier Address tion Section of Corporation Building recutive Center (Sec., FL 32301	as	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is.	
Always Buy Green, LLC		
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
	of the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
3643 SW 20th Ave. Apt 501	3643 SW 20th Ave. Apt 501	
Gainesville, FL 32607	Gainesville, Fl. 32607	
business entity with an active Florida registration.) The name and the Florida street address Joshwa Huff	. 두유 오	
	Name "G A	
3643 SW 20th Ave.	Name Apt. 501 Street address (P.O. Box NOT acceptable)	A STATE OF THE PERSON NAMED IN
Florida	street address (P.O. Box NOT acceptable)	
Gainesville, FL 32607	FL	
Cit	ty, State, and Zip	
	t and to accept service of process for the above stated limit nated in this certificate, I hereby accept the appointment as	

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Joshwa Huff 3643 SW 20th Ave. Apt. 501 Gainesville, FL 32607 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

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

Joshwa Huff