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(Requestor's Name)		
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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	Α	_
A. LUNT		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DAPR 20 PH 1: 31

FILED

COVER LETTER

	tration Section on of Corporations		
SUBJECT: _	Wheat Grass Name of Lin	Depot LLC.	
The enclosed A	articles of Organization and fee(s) a	re submitted for filing.	
Please return al	l correspondence concerning this m	natter to the following:	
[David Fromho	ld	
		Name of Person	
			2010 APR 20 SCONTAGES TALL AHASS
		Firm/Company	
	5055 SIMS RO	cad #201	20 R 1RY (385EE
		Address	5
	elray Beach	Address FL 33484 City/State and Zip Code	PH 1: 35
	David From ho E-mail address: (to be use	City/State and Zip Code Lola Gmail. com ed for future annual report notification)	·
Car firethar infa			
ror lurmer into	rmation concerning this matter, ples	ase call:	
David	Fromhold Name of Person	at (56 1) 305 - 7 Area Code & Daytime Telep	2355 phone Number
Enclosed is a	check for the following amount:		/
□\$125.00 Filin	g Fee \$\bigsim \mathbb{1}\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Division of Corporations Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Wheat Grass	Depot, LLC. THE APR 20
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
David Fromholo	ter to the following:
	Name of Person
	Firm/Company
	• •
16055 SIMS ROO	d #201
	Address
Delray Beach P	FL 33484 v/State and Zin Code
Delray Beach City David From hole E-mail address: (to be used to	da 6 mail. com for future annual report notification)
For further information concerning this matter, please	
David Fromhold Name of Person	at (561) 305-7355 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallabasses, FL 32314	Street/Conrier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wheat Grass Depot (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
160SS S/MS ROAD #201 Delray Beach, FL 33484	160SS SIMS ROAD # 201 Delray Brach, FL 33484
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
David From	hold 820
160SS S/45 / Florida street addi	ress (P.O. Box NOT acceptable)
Having been named as registered agent and to a	accept service of process for the above stated limited

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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 that the facts stated herein are true.)

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)