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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



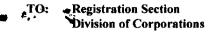
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C. LEWIS NOV 1 6 2010 EXAMINER

COVER LETTER



BUDDIES GO BANANAS 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: DANIELA VENDA Name of Person **BUDDIES GO BANANAS** Firm/Company 16138 BRIDGEDALE DRIVE Address LITHIA, FL 33547 City/State and Zip Code daniela.bertrand@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniela Venda at (813) 661-3232 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\infty\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	TI	CI	Æ	I - 1	Na	me:

The name of the Limited Liability Company is:

BUDDIES GO BANANAS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

Time par office riddress.	Maining Hadress	
16138 Bridgedale Drive	16138 Bridgedale Drive	l
Lithia, FL	Lithia, FL	
33547	33547	***************************************
(The Limited Liability Company cannot serbusiness entity with an active Florida regis	ent, Registered Office, & Registered Agent as its own Registered Agent. You must designate autration.) address of the registered agent are:	
DANIELA V	VENDA	50 8 T
	Name	7 5 T
16138 B	ridgedale Drive	mi-
-	Florida street address (P.O. Box NOT acceptable	
Lithia	_{FL} 33547	e O2
	City, State, and Zip	77

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

FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: FALLAHASSI	Y or STA EE.FLOR
MGRM	Daniela Venda	
	16138 Bridgedale Drive	
	Lithia, FL, 33547	
The state of the s		
		
(Use attachment if necessary)		
, , , , , , , , , , , , , , , , , , ,		
ICLE V: Effective date, if other that	an the date of filing: 01/01/2011 (OPTIONAL LIST DE SPECIFIC AND CANNOT DE MORE THAN TIVE DUSINESS da	
ICLE V: Effective date, if other that effective date is listed, the date m	an the date of filing: 01/01/2011 . (OPTIONAL	
ICLE V: Effective date, if other that		
ICLE V: Effective date, if other that effective date is listed, the date m 90 days after the date of filing.)		
ICLE V: Effective date, if other that effective date is listed, the date m		
ICLE V: Effective date, if other that effective date is listed, the date m 90 days after the date of filing.)		
ICLE V: Effective date, if other that effective date is listed, the date m 90 days after the date of filing.) REQUIRED SIGNATURE:	tust be specific and cannot be more than five business day	
ICLE V: Effective date, if other that effective date is listed, the date m 90 days after the date of filing.) REQUIRED SIGNATURE:		
ICLE V: Effective date, if other that is effective date is listed, the date me 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false)	tust be specific and cannot be more than five business day	
ICLE V: Effective date, if other that is effective date is listed, the date me 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false)	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, a information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)	

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

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