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EXAMINER

COVER LETTER

TO:	•	on Section f Corporations		
SUBJE	cr. Roc	ot to Fruit,"L.L.C."		
BODGE			ited Liability Company	
The end	losed Articl	es of Organization and fee(s) are	submitted for filing.	
Please r	eturn all cor	respondence concerning this mat	tter to the following:	
•	Virginia	Morales Smith		
			Name of Person	
-			Firm/Company	
_	4495 S	helfer Road # F46		
	-		Address	
Ţ	allahas	see, Florida 32305		
			ty/State and Zip Code	
<u> </u>	jenieu4u	7@hotmail.com	for future annual report notification)	
For furth	ner informati	ion concerning this matter, please		Ţ
Virgin	ia Moral	es Smith	at (850) 284-0463	-
	Na	me of Person	Area Code & Daytime Telephone Number	77
Enclose	d is a checl	k for the following amount:		
3 125.00)	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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 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

The name of the Limited Liability C	ompany is:
Root to Fruit, "L.L.C."	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

Root to Fruit, "L.L.C."	Root to Fruit, "L.L.C."
4495 Shelfer Road #F46	4495 Shelfer Road #F46
Tallahassee, Florida.32305	Tallahassee, Florida.32305

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Virginia Morales Smith

Name

4495 Shelfer Road # F46

Florida street address (P.O. Box NOT acceptable)

Tallahassee

ARTICLE I - Name:

_{FL} 32305

City, State, and Zip

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address: ber
Manager	Virginia Morales Smith
	4495 Shelfer Road # F46
	Tallahassee, Florida 32305
(Use attachment if necessary)
LE V: Effective date, if other fective date is listed, the date	than the date of filing: (OPTION when the specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTION emust be specific and cannot be more than five business d
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