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C. LEWIS

JUN 2 8 2012

EXAMINER

## **COVER LETTER**

:Hay

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TO:

Registration Section
Division of Corporations

SUBJECT: Green Organic Specia	
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Derryl D. Fewins	
	Name of Person
Green Organic Specialties	s, LLC
	Firm/Company
13983 Avon Park Circle	
	Address
Fort Myers, Florida 33912	
	ty/State and Zip Code
derryl@greenorganicspecialties	.COM for future annual report notification)
For further information concerning this matter, pleas	·
ror farmer information concerning this matter, pleas	e can.
Derryl D. Fewins	at (888 ) 587-7460
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

**ARTICLE I - Name:** 

Green Organic Specialties, LL  (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13983 Avon Park Circle Fort Myers, FL 33912	13983 Avon Park Circle Fort Myers, FL 33912
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the registration Brian Rich	tered Agent. You must designate an individual or another
Name	開会 <b>発</b> ロ
13983 Avon Park	CIrcle
Fort Myers	dress (P.O. Box <u>NOT</u> acceptable)
City, Str	ate, and Zip
Having been named as registered agent and to liability company at the place designated in t	accept service of process for the above stated limited

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:	
"MGR" = Manager	1,44110	12 JUN 25 PM 12: 3
"MGRM" = Managing Member		SECRETARY OF STA
		TALLAHASSEE, FLOR
MGR	Derryl Fewins	
	5875 Brookfarm Dr SE	
	Grand Rapids, MI 49508	
MGRM	Brian Rich	
	13983 Avon Park Circle	
	Fort Myers, Florida 33912	
(Use attachment if necessary)		
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	e date of filing: 6/19/2012 be specific and cannot be more	. (OPTIONA e than five business day
<u>REQUIRED</u> SIGNATURE:		

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Derryl D. Fewins

Typed 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)