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Effective Date 5-pt 15, 2013

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SECRETARY OF STATE
DIVISION OF CORPORATION

9-9-13

(850) 245-6051.

COVER LETTER

COVEREETTER
TO: Registration Section Division of Corporations
SUBJECT: Envy Organics Viera, 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:
TODD ANDEKSON Name of Person
Name of Person
Firm/Company
3414 SPENCER LANE Address
Address
VIERA FL 32940 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TODD ANDGASON at (321) 298-8986 Name of Person Area Code & Daytime Telephone Number
Name of Feison Alea Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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:

The name of the Limited Liability Company is:	:		
Enry Organics Viera, LLC (Mast end with the words "Limited Liabi	ility Company, "L.L.C.," or "L	LC.")	
ARTICLE II - Address:			
The mailing address and street address of the p	rincipal office of the Li	mited Liability C	ompany is:
Principal Office Address:	Mailing Address:	Effective Date	Sept in
VIERA FI 32940	SAME		. 19 14
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)			other
The name and the Florida street address of the	registered agent are:		SECRE IVISION
TODO 1	ANDERSON	•	EP -
Name	ANDERSON		4 9 484 787 787
3414 5	Sparced LAN	16	
**************************************	dress (P.O. Box NOT acce		STATE ORATIO 9: 40
VIGRA	FL 32 94 0 tate, and Zip		9 #
City, St	tate, and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple and accept the obligations of my position as re	this certificate, I hereby city. I further agree to d te performance of my d egistered agent as provi	accept the appoin comply with the pr uties, and I am fan	ntment as rovisions of niliar with
Registered Agent's Signa	mire (KEQUIRED)		

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	TODD ANDERSON 3414 SPENCEL LANE VIERA FL 32946
MGR	DANIEL RICHARDS 115 OCEAN STRAM AND SATELLITE BEACH FL 329 37
	SECRETARY OF SECRETARY OF CORP
(Use attachment if necessary)	9: 40
ARTICLE V: Effective date, if other than the class of the date must be correct to or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: 9-15-63. (OPTIONAL) be specific and cannot be more than five business days
	or an authorized representative of a member.
constitutes an affirmation under the I am aware that any false informa	408(3), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee

RICHARDS