L 13000127148

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
SEP - 9 2013
A. LUNT

Office Use Only

400251271314

09/04/13--01007--012 **130.00

2019 SEP -3 PH 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Going Bananas management 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:
Lorrgine Manfre' Name of Person
Going Bananas Management XLC.
700 une Lago Dr. # 120.
June Beach Al. 33408 55 5
Simplydelicious affairs englished. City/State and Zip Code Simplydelicious affairs englished. Com.
For further information concerning this matter, please call:
Lorraine Mans Fre at 561 231-4227. Name of Person 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) \$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

The name of the Limited Liability C	ompany is:
Goine Barana	S management LLC. "Limited Liability Company, "L.L.C.," or "LLC.")
(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:

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 planother business entity with an active Florida registration.)

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

ARTICLE I - Name:

Lorraine Montre.

Name

700 UND Laco DI #10:

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

City, State, and Zin

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)

ARTICLE	IV-	Mana	ger(s)	or l	Managi	ing	Mem	ber((s):
Th		11	- 6	1. 1. /				•	

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Lorraine Mantre 700 uno Lago Ds. # 102 Juno Beach, Il 3340
V SA AMERICA	
(Use attachment if necessary)	SEE SEE
CLE V: Effective date, if other that effective date is listed, the date to or 90 days after the date of filing	must be specific and cannot be more than five business de
REQUIRED SIGNATURE:	and management of a member.
constitutes an affirmation I am aware that any false i	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
	ne Man Fre Typed or printed name of signee
4 –	
Filing Fees:	