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EFFECTIVE DATE 10-9-13

SECRETARY OF JAIL

OCT IS DR 3: 00

B. BOSTICK

OCT 1 6 2013

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** JP Organics 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: Jennifer Malen Name of Person JP Organics Firm/Company 744 lambton Lane Address Naples, FI 34104 City/State and Zip Code jennmalen@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Malen Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■\$125.00 Filing Fce □\$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** Street/Courier Address

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

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 Co	ompany is:	
JP Organics LLC		
(Must end with the words "	'Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
744 Lambton Lane	744 Lambton Lane	
Naples, Fl 34104	Naples, FI 34104	
(The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street address Jennifer Malen 744 Lambton Lane	,	
Naples,	34104	8 9
	City, State, and Zip	ko.
liability company at the place des registered agent and agree to act in all statutes relating to the proper a and accept the obligations of my po	gent and to accept service of process for the ignated in this certificate, I hereby accept a this capacity. I further agree to comply a und complete performance of my duties, and estition as registered agent as provided for a gent's Signature (REQUIRED)	the appointment as with the provisions of ad I am familiar with

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:

Use attachment if necessary) LE V: Effective date, if other than the date of filing: October 9, 2013 COPTION fective date is listed, the date must be specific and cannot be more than five busing or 90 days after the date of filing.)	Manager	Jennifer Malen
Use attachment if necessary) LE V: Effective date, if other than the date of filing: October 9, 2013 (OPTION fective date is listed, the date must be specific and cannot be more than five busin or 90 days after the date of filing.) REQUIRED 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		
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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)