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\$ECACTARY OF STATE TALLAHASSEE, FLORIDA

128 PH 1:3

(850) 245-6051.



Registration Section Division of Corporations TO:

SUBJECT: T-Chnis on-The-GRO, 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:	
Berketey Brock Name of Person	
Firm/Company	
3042 SW 27M AUNUL Address	
Miami, F2 33133 ST N	
BCDYOUK-17@ amail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bervelley Brock at (7811) 304-U340 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Status Certificate of Status 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

ARTICLE I - Name: The name of the Limi	: ted Liability Company is	x:		
(Must e	ChniS On - The end with the words "Limited Liab	e-GO, LLC. polity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Addr The mailing address a		principal office of the Limite	d Liability Compa	ny is:
Principal Office Add	lress:	Mailing Address:		
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ	rida street address of the		ent's Signatutei individual of another PCT 28	
-	Nam 9779 SW 1 Florida street a	Tovav e 41th PL ddress (P.O. Box <u>NOT</u> acceptable FL 33196 State, and Zip	PH +: 38 C. FLORIDA D. FLORIDA D. FLORIDA	

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MOR	BUKELEY BYOCK 3042 SW 27m AUC. MIGMI, FZ 33133
<u>M61P</u>	JULIO VARVILLE BANGANTA SALAN TIME 33133 TO BE TO THE TOTAL
(Use attachment if necessary)	
	date of filing: Jan. 1, 2014 (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member	bran authorized representative of a member.

(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.)

Berverey Brock
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)