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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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EFFECTIVE DATE

1/16/14

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Green Grade Creations 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:	
Ankita Patel Name of Person	
Green Grade Creations LLC.	
Firm/Company	
1123 SW 42nd Street	
Address	
Cape Coral, FL 33914	
City/State and Zip Code	
ankuku2002@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ankita Patel 610 905-8857	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)}	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control of Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZ	ATION FOR FLORIDA LII	VIITEDLIABILITY C	UNIFAINY
ARTICLE I - Name:			
The name of the Limited Liability Company	y is:		
Green Grade Creations LLC.	ords "Limited Liability Co	amagny "L L C " o	- "I I C ")
(Must end with the wo	nds Elimited Liability Co	mpany, L.L.C., or	LLC.)
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the I	Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address	<u>:</u>	
Ankita Patel	Ankita Pale	et .	
1123 SW 42nd Street	1123 SW 4	2nd Street	
Cape Coral, FL 33914	Cape Cora	1, FL 33914	
The name and the Florida street address of	the registered agent are:		
Ankita Patel	Name		
	· · · · · · · · · · · · · · · · · · ·		
1123 SW 42nd Street Florida street addr	ress (P.O. Box NOT accep	ptable)	
CAPE CORA	L FL 3	33914	
C	ity	Zip	
Having been named as registered agent an the place designated in this certificate, I capacity. I further agree to comply with to of my duties, and I am familiar with and	hereby accept the appoin he provisions of all statute	tment as registered a is relating to the prop my position as registe	gent and agree to act in this per and complete performance
Registered /	Agent's Signature (REQU	URED)	
	(CONTINUED)		14 JA SECRET
	Page 1 of 2		8- N -9
			7

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR / President	Ankıta Patel
	1123 SW 42nd Street
	Cape Coral, FL 33914
MGR	WARSHA PATEL
	VARSHA PATEL 1123 SW 42nd ST
	CAPE CORAL, FL 33914
(Use attachment if necessary) EV: Effective date, if other than ective date is listed, the date must filling.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than ective date is listed, the date mu	the date of filing: January 7, 2014 . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than ective date is listed, the date must filling.)	st be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	st be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. If false information submitted in a document to the Department of State
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. If false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of	of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. If false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

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