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14 FEB 12 PH 2: 31

SECRETARY OF STATE

FEB 1 3 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GREENLife Juice, 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:
Dimitra Stathopoulos
Name of Person
Firm/Company
510 Ohio Avenue South
Address
Live Oak FI 32064
City/State and Zip Code
Svdental@windstream.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Radella Montague 386 362-1408
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FILED 2 PH 2:31 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	CI	F I	I _ 1	Nο	me.

The name of the Limited Liability Company is:

GREENLife Juice, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
510 Ohio Avenue South	510 Ohio Avenue South	
Live Oak, FI 32064	Live Oak, F/ 32064	
	•	

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 or another business entity with an active Florida registration.)

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

Dimitra Stathopouros	
	Name
510 Ohio Avenue South	
Florida street address (P.	O. Box NOT acceptable)
Live ∪ak	FL 32064
City	Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Dimitra Stathopoulos
	510 Ohio Avenue S
	Live Oak, FI 32064
V: Effective date, if other than	the date of filing:
V: Effective date, if other than ctive date is listed, the date mu filling.)	the date of filing: (OPTIONAL) at be specific and cannot be more than five business days prior to or 90
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V: Effective date, if other than extive date is listed, the date mu filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third d	f a member or an authorized representative of a member. Section 505.0203 (1) (b), Florida Statutes, the execution of this document aution inder the penalties of perjury that the facts stated herein are true, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)
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