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(Req	uestor's Name)	<u> </u>
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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EFFECTIVE DATE 03-01-14

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B. BOSTICK

FEB 2 7 2014

EXAMINER

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COVER	LETTER	ì

TO: • Registration Section
Division of Corporations

SUBJECT: Green Kisses 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:

Crystal Lynn Patterson	
Name of Person	
Green Kisses LLC	
Firm/Company	
4266 NW 22nd Ave	
Address	
Ocala, Florida 34475	
City/State and Zip Code	
greenkisses2@aol.com	
E-mail address: (to be used for future annual report notification)	٤
For further information concerning this matter, please call:	· ~
Crystal Patterson 352 702-6232	i .
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, Certificate of Status & Certified Copy (additional copy is enclosed)}	l)

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

Green Kisses LLC.			
	Must end with the words "Li	mited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Addres	8S:		
The mailing address and	d street address of the princi	ipal office of the Limited Liability C	ompany is:
Principal Office Addr	<u>'ess:</u> <u> </u>	Mailing Address:	
Crystal Patterson		Crystal Patterson	
4266 NW 22nd Ave		4266 NW 22nd Ave	
ARTICLE III - Regist		Ocala, Florida 34475 ffice, & Registered Agent's Signation of the State of	
ARTICLE III - Regist (The Limited Liability (ffice, & Registered Agent's Signat s own Registered Agent. You must d	esignate an individual or
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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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR" = Manager GR	Crystal Patterson 4266 NW 22nd Ave	
Use attachment if necessary) V: Effective date, if other than the date of filing: March 01, 2014 (OPTIONAL) trive date is listed, the date must be specific and cannot be more than five business days prior to or 9 (filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this documen constitutes an affirmation under the penalties of perjury that the faces stated herear 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.) Crystal Lynn Patorson 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)	Crystal Patterson 4266 NW 22nd Ave	
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