## L14000055488

(Re	equestor's Name)	
(Ad	ldress)	
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(Bu	ısiness Entity Nar	me)
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APR 04 2014

S. YOUNG

EFFECTIVE DATE

## COVER, LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Greek	Vida Name of Lin	nited Liability Company	
	, talle of Di	mica Ballinty Company	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	-1:n 🕏
Please return all corre	spondence concerning this m	atter to the following:	ALLANDA .
Ricardo	Marino		10 m
		Name of Person	3 R F 5
**************************************		Firm/Company	当無 5
			37
364 NW	103 Terrace		
		Address	
Dambaal	D' El 00000		
Pembrok	ce Pines, FL 33026	City/State and Zip Code	
rfmarino@gma	il com		
	E-mail address: (to be use	d for future annual report notifica	tion)
For further information	on concerning this matter, ple	ase call:	
Ricardo Marino	at (	954 ) 303-7930	
	me of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for	or the following amount:		
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reş Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## $\textbf{ARTICLES} \, \textbf{OFORGANIZATION} \, \textbf{FOR} \, \textbf{FLORIDA} \, \textbf{LIMITED} \, \textbf{LIABILITY} \, \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Elimited Elability Company is.	
Greek Vida LLC	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
364 NW 103 Terrace	364 NW 103 Terrace
Pembroke Pines, FL 33026	Pembroke Pines, FL 33026
The name and the Florida street address of the register	
Na	nine
364 NW 103 Terrace Florida street address (P.O.	Box NOT acceptable)
Pembroke Pines	FL 33026
City	Zip
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Registered Agent's Si	of service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this constof all statutes relating to the proper and complete performance publications of my position as registered agent as provided for in hapter 605, F.S  Ignature (REQUIRED)  INUED)
rage	1012

14 APR -3 PH 4-51
SECRETARILY STATE

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized I	Member
'MGR" = Manager	
AMBR	Ricardo Marino
	364 NW 103 Terrace
	Pembroke Pines, FL 33026
	•
V: Effective date, if ot	her than the date of filing: April 1, 2014 (OPTIONAL)
CV: Effective date, if of citive date is listed, the of filing.)	her than the date of filing: April 1, 2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 9
EV: Effective date, if of ctive date is listed, the of filing.)	her than the date of filing: April 1, 2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 9
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EV: Effective date, if of ctive date is listed, the of filing.)  EVI: Other provisions, i  REQUIRED SIGNATION  Signature of the constitutes and I am aware the	her than the date of filing: April 1, 2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 9 f any.  JRE:  gnature of a member or an authorized representative of a member. e with section 605 (203 (1) (b), Florida Statutes, the execution of this document
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CV: Effective date, if of ctive date is listed, the of filing.)  EVI: Other provisions, i  REOUIRED SIGNATION  Signature of the constitutes and I am aware the constitutes a the constitutes at the constitutes a the constitutes and I am aware the constitutes a the constitutes and I am aware the constitutes a the constitutes and I am aware the constitutes a the constitutes and I am aware the constitutes a the constitutes and I am aware the constitutes a the constitutes and I am aware the constitutes and I am aware the constitutes and I am aware the constitutes a the constitutes and I am aware the constitutes and I a	her than the date of filing: April 1, 2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or some famp.  JRE:  gnature of a member or an authorized representative of a member. with section 605 0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.)
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EV: Effective date, if of ctive date is listed, the of filing.)  EVI: Other provisions, i  REQUIRED SIGNATION  Signatures and I am aware the constitutes at the const	her than the date of filing: April 1, 2014 (OPTIONAL) date must be specific and cannot be more than five business days prior to or some fany.  JRE:  gnature of a member or an authorized representative of a member. e with section 605 0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.)  Ricardo Marino  Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

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SECRETARY C FATATE
TALLANDASSEE FLORIDA