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SECRETARY OF STATE
TALLAHASSEE FRANCE

APR 04 2014

S. YOUNG

EFFECTIVE DATE

COVER LETTER

	tion Section of Corporations		
SUBJECT: The	Superfood Shroom Company Name of Lin	v. LLC nited Liability Company	
The enclosed Arti	cles of Organization and fee(s) ar	e submitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
Stept	nen Luscko	Name of Person	
The S	Superfood Shroom Company L	LC Firm/Company	
<u>4101</u>	Macaulay Lane	Address	·····
<u>Saras</u>	sota. FL 34241	ity/State and Zip Code	····
	@verizon.net E-mail address: (to be used ation concerning this matter, plea	d for future annual report notifica	tion)
Stephen Luscko	at (§ Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount:		
□ \$125.00 Filing Fe	e \$\overline{2}\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ess PR T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The Superfood Shroom Company, LLC (Must end with the words "I	Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Com	ıpany is:
Principal Office Address:	Mailing Address:	
Stephen Luscko	4101 Macaulay Lane Sarasota, FL 34241	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as a another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must designistration.)	
Stephen Luscko	- -	
<u> </u>	Name	
4101 Macaulay Lane Florida street address (P.	O. Box NOT acceptable)	
Sarasota	FL 34241	
City	Zip	
Having been named as registered agent and to ac the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accept	y accept the appointment as registered ago visions of all statutes relating to the prope	ent and agree to act in this er and complete performance
Registered Agent'	s Signature (REQUIRED)	
Registered Agent	s Signature (REQUIRED)	
(CON	NTINUED)	
Pi	age 1 of 2	
		8) .

<u>Title:</u> "AMBR" = Authorized M "MGR" = Manager	lember	Name and Address:		
MGR		Stephen Luscko		
		4101 Macaulay Lane		_
		Sarasota, FL 34241		_
				_
				_
				_
				_
(Use attachment if necessary	omi)			_
(Cha mimorimient in mecesse	·	4/1		
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ARTICLE IV-