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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	ECT: GreenSticks LLC. Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	•
	Ernesto Pacheco Name of Person	-
	GreenSticks LLC.	
	. Firm/Company	•
	9035 SW 9th ST	2014 MAY
	Address	强 3
	Boca Raton, FL 33433 City/State and Zip Code	(30 PM
_E	Pacheco712@msn.com E-mail address: (to be used for future annual report notification)	4 k: 0
For fur	ther information concerning this matter, please call:	
Ernes	to Pacheco at (561) 929-1606 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□ \$125.0	Of Filing Fee	:
	Mailing Address	
As port	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
GreenSticks LLC.		_	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
9035 SW 9th ST	9035 SW 9th ST	<u> </u>	
Boca Raton .FL 33433	Boca Raton , FL 33433	_	
		_	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must designate an indi-	vidual or	
The name and the Florida street address of the registered	d agent are:	2014 円4	· alerbia
Ernesto Pacheco	<u></u> <u></u>	***	No.
Name	e မာ မာ	요.	-
9035 SW 9th ST	1,21		m
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)		,,,,,
Boca Raton	FL 33433	- -	- Wil 21
City	Zip		
Having been named as registered agent and to accept see the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	pt the appointment as registered agent and agrees of all statutes relating to the proper and completeligations of my position as registered agent as paper 605, F.S	to act in th te performa	is nce

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Ernesto Pacheco		
	9035 SW 9th_ST		
•	Boca Raton, FL 33433		
MGR	John Pacheco Jr.		
	9035 SW 9th ST		
·	Boca Raton, FL 33433		
	- 12 · 12	~1	
(Use attachment if necessary)	en fil	20 H H.S.	
•			
	•		
TICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)*	Jun .	
FICLE V: Effective date, if other than the date of effective date is listed, the date must be seen as the second of the date o	nte of filing: (OPTIONAL)!! # specific and cannot be more than five business days prior tojor.90	days afi	ter.
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reffective date is listed, the date must be state of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a recognition of the state o	nember or an authorized representative of a member.	days aft	}
reffective date is listed, the date must be state of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of a	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document	days aft	1
REQUIRED SIGNATURE: Signature of a r (In accordance with section constitutes an affirmation un	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true.	days aft	1
REQUIRED SIGNATURE: Signature of a r (In accordance with section constitutes an affirmation un I am aware that any false inf	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State	days aft	}
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ARTICLE IV-