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Gregory Alexander 11800 SW 72nd Place Pinecrest, Florida 33156 305 484 3363

May 31, 2014

Florida Department of State Division of Corporations

Re: Elite Leaf, LLC.

To Whom It May Concern:

Attached please find the articles of organization for the above-referenced LLC. The contact information above is current and correct. Please call me if you have any questions.

Sincerely,

Gregory Alexander

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		f LC. nited Liability Company
The enc	losed Articles of Organization and fee(s) a	re submitted for filing.
Please r	eturn all correspondence concerning this m	
	Ara Afe	Name of Person
		Name of Person
		Firm/Company
	11800 SW	72 place
	Pirecrest	FL 33156
_	Afterander @ 1	City/State and Zip Code Wickers mth. com d for future annual report notification)
For furt	her information concerning this matter, plea	ase call:
<u>Pr</u>	Name of Person at (_	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
□ \$125.0	O Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	Certified Copy (additional copy is enclosed) \$\int \frac{1}{3}\frac{160.00}{160.00}\$ Filing Fee, 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Elite Leaf LI (Must end with the words "Limited	LL: d Liability Company, "L.L.C.," or "	·LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	Charles I
11800 SW 72 place Pinecress, FZ 33156	€ sang	5
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must desig	
The name and the Florida street address of the registered Alundamental Name	order Est.	
Florida street address (P.O. Bo	NU & CON B) x NOT acceptable)	w, suite 80
Coal Sake	S FL 33 P	
Having been named as registered agent and to accept se	ervice of process for the above stated	d limited liability company at

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 (REQUIRE)

(CONTINUED)

Page 1 of 2

<u> Citle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	gregory Alexander
	PINECIES, R 35B4
	in Cr.
Use attachment if necessary)	The series of th
V: Effective date, if other than the tive date is listed, the date must be	111-21
V: Effective date, if other than the tive date is listed, the date must b filing.)	date of filing: 412014 (OPTIONAL)
V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any.	date of filing: 412014 (OPTIONAL)
V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any.	date of filing: 412014 (OPTIONAL)
V: Effective date, if other than the crive date is listed, the date must be filing.) EVI: Other provisions, if any. Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
V: Effective date, if other than the crive date is listed, the date must be filing.) VI: Other provisions, if any. EEQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State