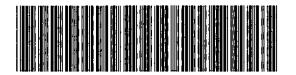
## 61500 6676725

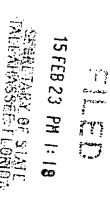
(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Boca Juice LLC  Name of Li	mited Liability Company	<del></del>
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Alexandre Fernandes	Name of Person	
		Nume of Ferson	
		Firm/Company	
	2350 NW 30th Road	Address	
	Boca Raton, FL 33431	City/State and Zip Code	
<u>_bc</u>	ocahurgerhouse@gmail.com	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Alexar	ndre Fernandes at (at (	786 ) 660-0176 Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ited Liability Company is:		
Boca Juice LLC			
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		al office of the Limited Liability Company is:	
Principal Office Ad	dress:	Mailing Address:	
2350 NW 30th Ros Boca Raton, FL 33		2350 NW 30th Road Boca Raton, FL 33431	
DOCA NATOR, FL 30	<u> </u>	DOCA (NATOR), FE 33431	
(The Limited Liabilit		ice, & Registered Agent's Signature:  own Registered Agent. You must designate an individual or  ation.)	
(The Limited Liabilit another business ent	ty Company cannot serve as its	own Registered Agent. You must designate an individual or ration.)	
(The Limited Liabilit another business ent	ty Company cannot serve as its of its with an active Florida registrorida street address of the registronial Ferns	own Registered Agent. You must designate an individual or ration.)	
(The Limited Liabilit another business ent	ty Company cannot serve as its of ity with an active Florida registrorida street address of the registrorida street.  Bill Ferns	own Registered Agent. You must designate an individual or ration.)  ered agent are:  ame	
(The Limited Liabilit another business ent	ty Company cannot serve as its of its with an active Florida registrorida street address of the registronial Ferns	own Registered Agent. You must designate an individual or ration.)  ered agent are:  ame  a C5, Ste 156	
(The Limited Liabilit another business ent	ty Company cannot serve as its of ity with an active Florida registrorida street address of the registrorida street.  Bill Ferns  N  7491 N. Federal Hwy., Ste	own Registered Agent. You must designate an individual or ration.)  ered agent are:  ame  a C5, Ste 156	
(The Limited Liabilit another business ent	ty Company cannot serve as its of ity with an active Florida registrorida street address of the registrorida street address of the registropida street address of the registropida street address (P.O. Florida street address (P.O.	own Registered Agent. You must designate an individual or ration.)  ered agent are:  ame  ame  C.5. Ste 156  Box NOT acceptable)	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
President /	Alexandre Fernandes
	2350 NW 30th Road
	Boca Raton, FL 33431
<del></del>	
<del> </del>	<del></del>
EV: Effective date, if other than the dective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the dective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
(Use attachment if necessary)  E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the dective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (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 ander the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation unline amayer that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation upon I am aware that any false in constitutes a third degree fee	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in \$.817.155, F.S.)
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