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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
,		

Office Use Only



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03/17/15--01002--003 **160.00



APR 0 6 2015 S. YOUNG

COVER LETTER

TO: Registration Division of	i Section Corporations		
SUBJECT:	Pushing 4	Ositivity, LLC	<u>}</u>
	(Name of Lir	nited Liability Company	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
<u> </u>	JUN	1 Salnave	
	,	Name of Person	23
	Pushing	Positivity, L	LC.
		Firm/Company	
	318 NW	111th Ter	race = 5
		Address	in o
Mic		, FL 33,	168
<u> </u>	The Kealth	ity/State and Zip Code Shing HositiVite	1@amail.com
	E-mail address: (to be used	d for future annual report notifica	ftion) U
For further informatio	n concerning this matter, plea	ase call:	
JULY	Sahare at (_	786) 487 20 Area Code Daytime Te	2/5 lephone 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)

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Alshing Positiv (Must end with the words "Limited L	iability Company. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
318 N.W. 111th Terracl Miami Shores, 71 33168	818 N.W.111th Tenace Miami Shoves, FL 33168
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
	We Ban
l	
318 N.W. 111th	Terrace
Florida street address (P.O. Box N	NOT acceptable)
Miami Shores	FL 38108 551 ω
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance pations of my position as registered agent as provided for in 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"ANADD" - Ausbaning Namban	
"AMBR" = Authorized Member	0 1
"MGR" = Manager	(Wil Calnare
	318 N.W. 111th Terrace
	miami Shores, FL 33168
	,

	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
	ate of filing: (OPTIONAL)
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any. REQUIRED SIGNATURE:	July Salnal
REQUIRED SIGNATURE: Signature of a	member of an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a least of the control of the co	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a least of the constitutes an affirmation up	member of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
Signature of a language (in accordance with section constitutes an affirmation ur 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
Signature of a language (in accordance with section constitutes an affirmation ur I am aware that any false inf	member of 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, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-