

**L/15000/4684**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

From: Account Name : A.A.ALI, CPA  
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FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS

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**FLORIDA LIMITED LIABILITY CO.  
GRATTITUDE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JUL 9 2015

**S. GILBERT**

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

15 JUL -8 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GRATTITUDE, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

**922 OFFALY CT.  
APOPKA, FL 32703**

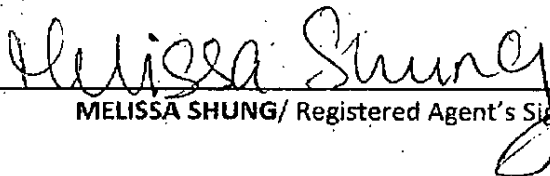
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**MELISSA SHUNG  
922 OFFALY CT.  
APOPKA, FL 32703**

*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.:*

  
MELISSA SHUNG/ Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

**MELISSA SHUNG- MGRM**

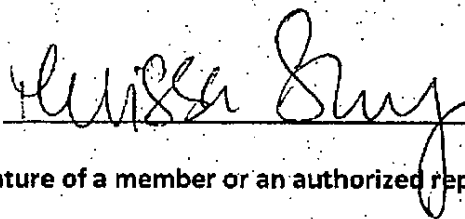
**922 OFFALY CT.**

**APOPIKA, FL 32703**

**ARTICLE V: Effective date, if other than the date of filing: 7/2/2015**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

A handwritten signature in cursive script, appearing to read "Melissa Shung", is written over a horizontal line.

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. )

**MELISSA SHUNG**

\_\_\_\_\_  
Typed or printed name of signee

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\* *SPELLING IS INTENTIONAL*



July 6, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.A.ALI, CPA

SUBJECT: GRATITUDE LLC  
REF: W15000045376

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears that the word GRATITUDE in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled GRATITUDE. If you did not misspell this word intentionally, please correct the spelling to read GRATITUDE and resubmit the document for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H15000162681  
Letter Number: 315A00014019

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