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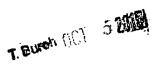


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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

SUBJECT: Name of Limited Liability Cumpany	TO:	Registration Section Division of Corporations
Name of Limited Liability Company The enclosed Articles of Organization and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Jose Barja	CHEST	The desirable state of the stat
Please return all correspondence concerning this matter to the following: Jose Barja	SUBSE	
Name of Person Pastroff, Barja, Kelly & Co. Firm/Company 7400 SW 50th Terrace Suite 304 Address Miami, FL 33155 City/State and Zip Code jbarja@pbk-cpa.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Jim Everett 615 at (The en	closed Articles of Organization and fee(s) are submitted for filing.
Name of Person Pastroff, Barja, Kelly & Co. Firm/Company 7400 SW 50th Terrace Suite 304 Address Miami, FL 33155 City/State and Zip Code jbarja@pbk-cpa.com E-mail address. (to be used for future annual report notification) for further information concerning this matter, please call: Jim Everett 615 689-1577 at (Please	return all correspondence concerning this matter to the following:
Pastroff, Barja, Kelly & Co. Firm/Company 7400 SW 50th Terrace Suite 304 Address Miami, FL 33155 City/State and Zip Code jbarja@pbk-cpa.com E-mail address. (to be used for future annual report notification) for further information concerning this matter, please call: Jim Everett 615 689-1577		Jose Barja
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Miami, FL 33155 City/State and Zip Code jbarja@pbk-cpa.com E-mail address. (to be used for future annual report notification) for further information concerning this matter, please call: Jim Everett 615 689-1577 at ()		Firm/Company
Miami, FL 33155 City/State and Zip Code jbarja@pbk-cpa.com E-mail address. (to be used for future annual report notification) for further information concerning this matter, please call: Jim Everett at ()		7400 SW 50th Terrace Suite 304
City/State and Zip Code jbarja@pbk-cpa.com E-mail address. (to be used for future annual report notification) for further information concerning this matter, please call: Jim Everett 615 689-1577 at ()		Address
jbarja@pbk-cpa.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Jim Everett 615 689-1577 at ()		Miami, FL 33155
For further information concerning this matter, please call: Jim Everett		·
Jim Everett 615 689-1577		E-mail address. (to be used for future annual report notification)
at ()	or furth	ner information concerning this matter, please call:
	Enclos	
Enclosed is a check for the following amount:] \$ 125 0	90 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Cupy (additional copy is enclosed)} \text{Certified Cupy (additional copy is enclosed)}

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address
New Filing 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 Limit	ed Liability Company is:			
Grassroots	Organic Table, LLC			· · · · · · · · · · · · · · · · · · ·
	Must end with the words "Limited	d Liability Compan	iy, "L.L.C.," or "LLC	.")
ARTICLE II - Address at	ess: nd street address of the principal (office of the Limite	d Liability Company	is:
	Principal Office Address:		Mailing	Address:
7400 SW 5	60th Terrace	740	00 SW 50th Terrace	
Suite 304			tc 304	
Miami, FL	. 33155	<u>Mi</u>	ami, FL 33155	
(The Limited Liability another business entit	stered Agent, Registered Office, Company cannot serve as its own y with an active Florida registration rida street address of the registere Pastroff, Baria, Kell	n Registered Agent. on.) d agent are:		an individual or
		Name		28 28 SS
	7400 SW 50th Terra			THE PROPERTY.
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
	<u>Miami</u>	FL	33155	ng ng
	City	State	Zíp	
place designated in this further agree to comply	registered agent and to accept serv certificate, I hereby accept the app with the provisions of all statutes r cept the obligations of my position Rogis	pointment as registerelating to the proper as registered agent	ered agent and agree ter and complete perfo t as provided for in Complete perfo that as provided for in Complete terms and the complete terms are the the complete t	to act in this capacity. I ormance of my duties, and I
		A AGE TOTAL		

Title:	Name and Address:
"AMBR" = Authorized Member	
*MGR" = Manager	
AMBR	Luis Maria Henderson Collazo
	801 Brickell Key Blvd Apt. 1104
	Miami, Fl. 33131
AMBR	Rossana Marisa Rivero MAdge
	801 Brickell Key Blv. Apt. 1104
	Miami, FL 33131
	20 -
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EV: Effective date, if other than the dat ective date is listed, the date must be sof filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
of filing.) the date inserted in this block does not ment's effective date on the Department	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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