

L15000190583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

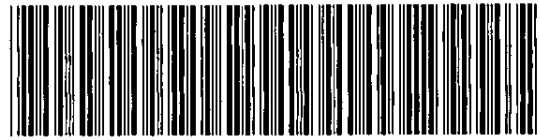
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900279086169

11/13/15--01010--021 **245.00

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 NOV 13 PM 12: 13
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 NOV 13 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raw Juice Lounge #1, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
Forever Raw Juice, Inc

Firm/Company
3300 N Main Street D-303

Address
Anderson SC 29621

City/State and Zip Code
foreverrawjuices@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Battle at (212) 858-0281
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Raw Juice Lounge #1, LLC.
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12289 Pembroke Rd #11
Pembroke Pines FL 33025

3300 N Main Street
D-303
Anderson SC 29621

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:

B.O.B. Logistics, Inc
Name

12289 Pembroke Rd #11
Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines FL 33026
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 NOV 13 PM 12:26

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

Name and Address:

Forever Raw Juice, Inc
12289 Pembroke Rd #11
Pembroke Pines FL 33075

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 NOV 13 PM 12:26

APPROVED
AND
FILED

(Use attachment if necessary)

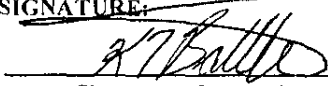
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Timothy Battle

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)