

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
		-1 Obel
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	





900285691029

05/26/16--01015--019 **160.00



COVER LETTER

	Registration Section Division of Corporations			
SUBJEC"	Pure Products LLC			
SUBJEC		f Limited Liabili	ty Company	
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.	
Please ret	urn all correspondence concerning th	is matter to the f	ollowing:	
	Chris Simpson			
		Name of	Person	
	Pure Products LLC			
		Firm/Co	mpany	
	9618 Discovery Terrace			
		Addre	ess	
	Bradenton, FL 34212			
	csimpson7245@gmail.com	City/State and	d Zip Code	
	E-mail address: (to be	used for future a	nnual report notificati	on)
For further	information concerning this matter, p	lease call:		
	Chris Simpson	941 t (264-8445	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
\$125.00 F	Filing Fee \$130.00 Filing Fee Certificate of Statu	s Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pure Products LLC	
(Must end with the words "Limited Lial	oility Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
	CALLED A LECTURE OF THE
mailing addrage and ctroot addrage at the principal attice	
mailing address and street address of the principal office	of the Limited Liability Company is:
mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
Principal Office Address:	Mailing Address:

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

Shelley Simpson		
	Name	
9618 Discovery Terr	race	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Bradenton	FL	34212
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 MAY 26 AM 9: 05

ARTICLE	ĮV.
The name at	nd'a

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Chris Simpson AMBR	Pure Products LLC 9618 Discovery Terrace Bradenton, FL 34212
Shelley Simpson-AMB	Pure Products 9618 Discovery Terrace Bradenton, FL 34212
(Use attachment if necessary)	
he date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI. Other provisions if any	
REOUIRED SIGNATURE: Signature of a memory This document is executed	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. iformation submitted in a document to the Department of State
constitutes a third degree for	Elony as provided for in s.817.155, F.S. 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)