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6/7/2016

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FAX NO.

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ORIGEN PLUS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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P. 002

850-617-8381

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June 8, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

~~EXPRESS~~ CORPORATE FILING SERVICE INC.

SUBJECT: ORIGEN PLUS LLC

REF: W16000041794

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.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H16000138927
Letter Number: 816A00012071

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P. 003

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I- Name

The name of the Limited Liability Company is:

ORIGEN PLUS LLC

ARTICLE II- Address:

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

Principal Office Address
2702 SW 153 PATH
MIAMI FLORIDA 33185

Mailing Address
2702 SW 153 PATH
MIAMI FLORIDA 33185

ARTICLES III-

Other provisions if any

ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent s Signature:)

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

RICARDO GIL
2702 SW 153 PATH
MIAMI FLORIDA 33185

Having been named as register 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 register 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 register agent as provided fir in Chapter 005 FS


Registered Agent's Signature (REQUIRED)

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ARTICLES V- Manager (s) or Managing Member (s) for each Manager or Managing Member is as follows:

Title:

RICARDO GIL
2702 SW 153 PATH
MIAMI FLORIDA 33185

MGR'= Manager

ARTICLE VI: effective date, if other than the date filing 06/07/2016 (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 filing)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

(In accordance with section 608.408.3 Florida Statutes the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true)


RICARDO GIL