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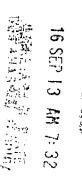
(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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J. FASON **SEP** 1 3 2016

COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	GREEN-ROASTED BEANS COMPANY LLC
SOBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	DIEGO SALGADO
	Name of Person
	GREEN-ROASTED BEANS COMPANY LLC
	Firm/Company
	10001 W. OAKLAND PARK BLVD, SUITE 302
	Address
	SUNRISE, FL 33351
	City/State and Zip Code greenroastedbeans@gmail.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	DIEGO SALGADO 954 870-9389
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \text{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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN-ROASTED BEANS COMPANY 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:

10001 W. OAKLAND PARK BLVD	10001 W. OAKLAND PARK BLVD
SUITE 302	SUITE 302
SUNRISE, FL 33351	SUNRISE, FL 33351

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:

Name

10001 W. OAKLAND PARK BLVD, SUITE 302

Florida street address (P.O. Box NOT acceptable)

SUNRISE	FL	33351
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 SEP 13 AM 7: 32

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	DIEGO SALGADO
MGR	10001 W. OAKLAND PARK BLVD, SUITE 302
	SUNRISE, FL 33351
	SUNKISE, FL 33331
LEV: Effective date, if other than the	date of filing: 09/09/2016 (OPTIONAL)
ffective date is listed, the date must be e of filing.)	date of filing: 09/09/2016 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)