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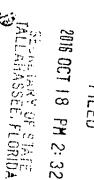
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V HERRING OCT 19 2016

COVER LETTER

TO;	Registration Section Division of Corporations
SUBJE	LEMON LIME DELIVERY LLC
(46) Da (2)	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	BRANDON FERGUSON
	Name of Person
	Firm/Company
	7514 MELROSE AVE
	Address
	WAUWATOSA, WI 53213
	City/State and Zip Code brandon@brewersorganies.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please eall:
	BRANDON FERGUSON 414 483-3191
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
]\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address Stunet Address

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2016

BRANDON FERGUSON 7514 MELROSE AVE WAUWATOSA, WI 53213

SUBJECT: LEMON LIME DELIVERY LLC

Ref. Number: W16000068475

We have received your document for LEMON LIME DELIVERY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 716A00021501

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

2016 OCT 18 PH 2: 32

LEMON LIME DELIVERY LLC

TALLAHASSEL FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

AMERICA PROPERTY.	7514 MELROSE AVE.
	WAUNATOSA, WI 53213

7514 Melrose Ave. Wauwatosa, WI 53213

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:

CHRISTINE POTTE	R FONTANIN	
	Name	
5355 BUCKBOARD	DR	
Florida street addres	s (P.O. Box <u>NOT</u> ac	reeptable)
ROCKLEDGE	FL.	32955
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. Thereby 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 Lof 2

FILED

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address: SE HE THE OF STATE ALL AHASSEE, FLORIDA
'MGR" = Manager AMBR	AMANDA FERGUSON 7514 MELROSE AVE
	WAL/WATOSA, WI 53213
AMBR	BRANDON FERGUSON 7514 MELROSE AVE
	WAUWATOSA, WI 53213
AMBR	CHRISTINE FONTANIN 5355 BUCKBOARD DR
	ROCKLEDGE, FL 32955
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