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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Green Leaf Organics, LLC				
ov. bii Le	Name of Limited Liability Company				
The enclo	sed Articles of Organization and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this matter to the following:				
	Moises Issa, M.D.				
	Name of Person				
	Firm/Company				
	2708 NE 16th Street				
	Address				
	Fort Lauderdale, FL 33304				
	City/State and Zip Code missa@pcphollywood.com				
	E-mail address: (to be used for future annual report notification)				
For further	information concerning this matter, please call:				
	Thomas Maniotis 561 6441183				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	is a check for the following amount:				
]\$12 5.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

٨	RT	CI	K I	I _	No.	me

The name of the Limited Liability Company is:

Green Leaf Organics, 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:
2708 NE 16th Street	2708 NE 16th Street
Fort Lauderdale, FL 33304	Fort Lauderdale, FL 33304
	,

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:

Moises Issa, M.D.	•	
	Name	
2708 NE 16th Street		
Florida street address	s (P.O. Box <u>NOT</u> ac	eceptable)
Fort Lauderdale	FL	33304
City	State	Zip

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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..

(CONTINUED)

Vgent's Signature (REQUIRED)

Page 1 of 2



A	D'	r i a	٠,	L.F.	IV	1

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

Title:	Name and Address:		
"AMBR" = Authorized Mei "MGR" = Manager MGR	Thomas Maniotis, ESQ 8015 Mizner Ln. Boca Raton, FL 33433		
MGR	Moises Issa, M.D. 2708 NE 16th Street Fort Lauderdale, FL 33304		
MGR	> C4 12	NOV 28	
MGR	Mark Sabotta, D.O. 1201 NW 115th Ave Plantation, FL 33323	PW 9:	\$ 1
(Use attachment if necessar		သွ	
(If an effective date is listed, the dat the date of filing.)	'		
REQUIRED SIGN, TUR	Tout I		
This docum I am aware	ure of a member or an authorized representative of a member, and is executed in accordance with section 605.0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155. F.S.		

Filing Fees:

Typed or printed name of signee

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

Thomas Maniotis, ESQ

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)