

LI 6000228689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

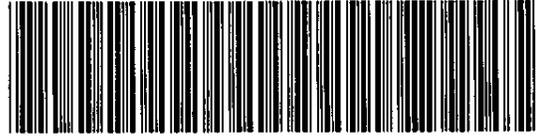
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

C. GOLDEN

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TALLAHASSEE, FLORIDA

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

<p>NAME OF ENTITY</p> <p><i>Grow Eleven Consulting, LLC</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FOR OFFICE USE ONLY</p>
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PICK ONE:

____ CERTIFIED COPY PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP

____ FICTITIOUS NAME ____ SERVICEMARK/TRADEMARK ____ AMENDMENT

____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN

____ OTHER _____

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY

Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 12/19/16 TIME _____

Notes: _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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Grow Eleven Consulting, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5337 N Socrum Loop Rd.
Suite 446
Lakeland, FL 33809

Same

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.)

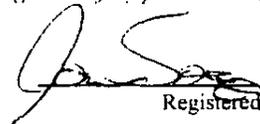
The name and the Florida street address of the registered agent are:

Incorp Services, Inc.
Name

17888 67th Court North
Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee FL 33470
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.

 ON BEHALF OF INCORP SERVICES, INC.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Franklin A. Cruz

5337 N Socrum Loop Rd., Suite 446

Lakeland, FL 33809

MGR

Bridgette Cruz

5337 N Socrum Loop Rd., Suite 446

Lakeland, FL 33809

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Franklin A. Cruz

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)

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