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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

A.

TO: New Filing Section Division of Corporations
SUBJECT: GREEN ORGANIC Specialfies LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen Levine Name of Person
Specen Organic Special tics LLC Firm/Company!
130 Campbell Road
Far It IIs NJ. U7931 City/State and Zip Code SKL81105 @ gMack. com E-mail address: (to be used for tuture annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Lev.nc at 908 400 - 9144 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, 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

The name of the	he Limited Liability Company i	s:		
	GREEN	ORGANIC	SPECIALTIES	LLC
	•		mpany, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

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

130 Campbell Rd
TAR 11165 N.5 07931

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:

	LETING	INC
	Name	
200 Sout	+ Bisco	ayne Blud
Florida street address	(P.O. Box <u>NO</u>	L acceptable)
Miami	FI	33131
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)

REIARDU SIAN

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MG_R	Stephen Levine
1,112 15	130 Camobell Rd
	FAR (1) 11 S NJ 07931
0 M 0 a	0
AMBA	Kich Coll.15
	41 660261AN RD MORAISPUN N.J. 07960
	
	
(Use attachment if necessary)	
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_	2/1/2016
.E V: Effective date, if other than the	
EV: Effective date, if other than the lective date is listed, the date must be	date of filing: 3/1/2018 (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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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)

ARTICLE IV-

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