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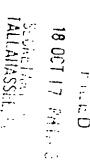
(F	Requestor's Name)
( <i>f</i>	Address)
( <i>F</i>	Address)
(0	Dity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(É	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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October 8, 2018

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL, 32314

Re: Juice Kulture Kuisine LLC

Dear Sir or Madam:

I am filing these Articles of Incorporation on behalf of my client, Juice Kulture Kuisine LLC. My name, address, phone number, and email address are incorporated on the letterhead. Please return the certified copy and certificate of status to my office.

Also enclosed is a check for \$160.00.

Thank you for your assistance.

Sincerely.

Justin R. Infurna

Fax: 407-386-3419

www.alwaysavailablelawyer.com

## COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	Tr: Ture Kulture Kulsine LLC Name of Limited Liability Company
	Name of Lamiest Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Andrew Francis Name of Person
	Suice Kultute Kusine LLC Firm/Company
	1425 SW Meding Ame
	City/State and Zip Code  E-mail address: (to be used for future annual report potification)
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Lit	nited Liability Company is:
Principal Office Addre	<u> </u>	Mailing Address:
1425 SN Medi.	ca Auc	Same
Poits, Lucie Fl	39953	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Ag	Agent's Signature: ent. You must designate an individual or
The name and the Florida street address of the re		
	Andrew	Francis
1 4	25 5W 1	heding Aue.
	t address (P.O. Box <u>N</u> o	
Port S	f. Lucie,	E1. 34953
	y State	Zip
Having been named as registered agent and to acc place designated in this certificate, I hereby accept further agree to comply with the provisions of all st am familiar with and accept the obligations of my p	the appointment as reg atutes relating to the p position as registered a	ristered agent and agree to act in this capacity. I ropen and complete performance of my duties, and I
	registered Agent 2.2	(Kuetting (Crit COLUCED)

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	e will list (
an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida ion submitted in a document to the Department provided for in s.817.155, F.S.	
rem Francis r printed name of signee	
or printed name of signee	
Iling Fees:	
on s	submitted in a document to the Department

ARTICLE IV-

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