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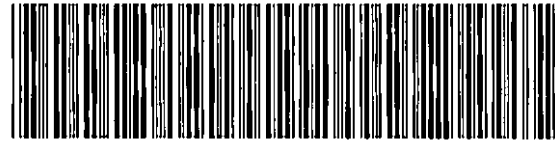
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Orange Hemp 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:

Nadine Proctor, Derik L. Brown  
Name of Person

15220 NW. 32 AVE.  
Address

Miami, FL 33054  
City/State and Zip Code

light191@a hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derik L. Brown, 3<sup>rd</sup> at ( 229 ) 251-6996  
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    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orange Hemp LLC  
(Must contain 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>Nadine Proctor</u>	<u>15220 NW 32 AVE</u>
<u>Derek L. Brown, 3<sup>rd</sup></u>	<u>15220 N.W. 32 AVE</u>
	<u>Miami Gardens FL 33054</u>

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:

<u>Nadine Proctor</u>		
Name		
<u>15220 N.W. 32 AVE</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Miami</u>	<u>FL</u>	<u>33054</u>
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.

Nadine Proctor  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

\_\_\_\_\_

MGR

AMBR

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