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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
(Business Entity Name) (Document Number)

Special Instructions to Filing Officer.

Price 15 different because
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ALLAHASSEE, FLARIO

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02/21/19--01017--009 **168.75

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COVER LETTER

TO: New Filing Secti Division of Corp			
SUBJECT: Ofcor	nge Heimp Name of Limited	Liability Company	
The enclosed Articles of C	Organization and fee(s) are sub	omitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
λ/ας	line Proctor	Derik L. Bame of Person	ro w/
	220 NW. 3	2.4VE.	
		Address	
	ami, Fl 33	3054	
light -	City/S 1+ 1 (a) 10+1 mail address: (to be used for	305(/ State and Zip Code Mail. Com future annual report notificatio	n)
	cerning this matter, please cal		
	•	29 25/-697 Code Daytime Telephone	96 Number
Enclosed is a check for the	e following amount:		
\$125,00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· -	Address	Street Address	
Division	ing Section 1 of Corporations	New Filing Section Division of Corporatio	ns
P.O. Bo Tal l aha:	x 6327 ssee, FL 32314	Clifton Building 2661 Executive Center	Circle

Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	K.	1,1	C	L	E	1	-	Na	me	::
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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:

Principal Office Address:	<u>Mailing Address</u> :
Nadine Proctor	15220 NW. 32AVE
DUTIK L. Browny 3°	Min Condas KI 350 Cu

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:

Nadine Proctor

Name

15220 N.W. 32AVE

Florida street address (P.O. Box NOT acceptable)

Mianti Fl. 33054

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)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
· 1016R	Derik L Brown, 3
AMBR SILLING	Nadine Proctor Miami, ba
	Minni, Condins 33154
(Use attachment if necessary)	
(Use attachment if necessary) E.V: Effective date, if other than the date	of tiling:
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EV: Effective date, if other than the date ective date is listed, the date must be spend filing.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree.	ecific and cannot be more than five business days prior to or 90 days afteneet the applicable statutory filing requirements, this date will not be listed of State's records. L. J. 3 ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)