(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

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COVER LETTER

COVER	LETTER E
TO: Registration Section Division of Corporations	Liability Company
SUBJECT: Healthy Harvest sea and land LLC Name of Limited 1	Liability Company
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to	o the following:
Rodolfo Rego	- 1
Nai	he of Person :: ناب
Healthy Harvest sea and land LLC Fir	m/Company
1241nw9thcourt	
	Address
Homestead, FL 33030	to and 7 in Code
rudirego@amail.com	ate and Zip Code
E-mail address: (to be used for f For further information concerning this matter, please cal	
Rodolfo Rego at (7.95)) <u>\$28 0782</u>
Name of Person Area	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	155.00 Filing Fee & Gertified Copy ditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Tallahassee, FL 32314

	# 18 h. 5 2 3 4 c.
ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	OR FLORIDA LIMITED LIABILITY COMPANY OF APR 30 APR 30 APR 30
Healthy Harvest sea and land LLC	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1241nw9thcourt	1241nw9thcourt
Homestead, FL 33030	Homestead, FL 33030
The name and the Florida street address of the register. Rodolfo Rego	ered agent are:
No Trougo	ame
4944 99	
1241nw9thcourt Florida street address (P.O.	Roy NOT acceptable)
riorida sirect address (r	ison inot acceptance,
Homestead	FL 33030
City	Zip
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	of service of process for the above stated limited liability company at exept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in hapter 605, F.S
Registered Agent's Si	ignature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address: Rodolfo Rego 1241nw9thcourt Homestead, FL 33030
"AMBR" = Authorized Member	79,
"MGR" = Manager	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MGR	Rodolfo Rego
	1241nw9thcourt
	Homestead, FL 33030
	<u> </u>
	<u> </u>
ective date is listed, the date must be speci-	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date of	
EV: Effective date, if other than the date of fective date is listed, the date must be specific of filing.)	
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