Division of Corporations Electronic Filing Cover Sheet

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To:		ASS	
	Division of Corporations		β α (Fig. 2)
	Fax Number : (850)617-6381		
From:			AR O
	Account Name : LAZARUS CORPO	RATE FILING SERVICE, 1	NC. 🚉 30
	Account Number : I20000000019 Phone : (305)552-5973		E-1 0
	Phone : (305)552-5973 Fax Number : (305)675-5944		
Ema	ail Address:		2921 H.VY
	FLORIDA LIMITED I VEGANS PARA		W 28 PM
	Certificate of Status	1	<u> </u>
	Certified Copy	0	55 69
	Page Count	03	
	Estimated Charge	\$130.00	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
- VEGANS PARADISE LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
2. 3.0 — (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
- 13+27 SW 152 St #300
Migmi FL 33177
282
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite 1 Liability of the Plant of
BOBB ROBIN ROBSON
13727 SW 152 ST#300
MIAMI FC 33177
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
KOBB KOBIN/ KORSON/
(AMBR)

Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605-0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)