

C22000517978

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000413949 3))



H220004139493AEC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ROSILLO & ASSOCIATES, P.A.
Account Number : 119990000127
Phone : (305)477-5671
Fax Number : (305)477-2640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: customerservice@rosillocpa.com

FLORIDA LIMITED LIABILITY CO.
Growing Possibilities Group, LLC

Certificate of Status	1
Certified Copy	1
Page Count	0X3
Estimated Charge	\$160.00

2022 DEC -9 PM 2:29

22 DEC -9 PM 12:35

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

202

((H22000413949 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is Growing Possibilities Group, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

7950 NW 53rd. Street Suite 221
Doral, Florida 33166

ARTICLE III - STATEMENT OF PURPOSE

The purpose of the Limited Liability Company is to engage in any lawful activity for which the Limited Liability Company may be organized in this state.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

Frank A. Rosillo, CPA
7950 NW 53rd. Street Suite 221
Doral, Florida 33166

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.



Frank A. Rosillo, CPA

((H22000413949 3)))

22 DEC -9 PM 12:35

(((H22000413949 3)))

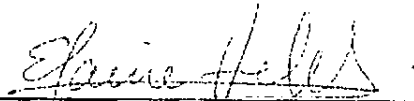
ARTICLE V - MANAGEMENT

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

Name and Address:

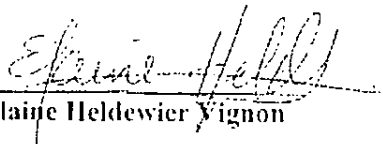
-MGR –Manager

**Elaine Haldewier Vignon
15630 SW 46th Terr.
Miami, FL 33185**



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 the State constitutes a third-degree felony as provided for in s.817.155, F.S.)


Elaine Haldewier Vignon

22 DEC -9 PM 12:35
FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

(((H22000413949 3)))