## L24000165264

(Re	questor's Name)	
(Ād	dress)	-
·	ŕ	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	- Carrier	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	-	
<del></del>		
Special Instructions to I	Filing Officer:	
	***	





300426650073

03/27/24--01034--011 \*\*160.00

2024 tin. 27 mm 9: 10

n70

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Lie	ibility Company is:			
SUPERBLOOM	ORGANIC LLC			
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:				
The mailing address and stre	et address of the principal	office of the Limited	Liability Company is:	
р.,	1 1000			
<u>Prii</u>	ncipal Office Address:		Mailing Ad	<u>ldress</u> :
319 SW 2nd st B	oca Raton FL 33432	<del></del>	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	<del>_</del>	<del>-</del>
		<u></u>		
ARTICLE III - Registered	Agent, Registered Office,	& Registered Agei	nt's Signature:	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration	n Registered Agent.	You must designate an	individual or
	•	·		
The name and the Florida str	reet address of the registere	d agent are:		
	Dina Feldman			
		Name		
	319 SW 2nd st			
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	Boca Raton	FL	11412	
	City	State	33432 Zip	
	•		•	
laving been named as register	red agent and to accept serv	ice of process for the	above stated limited lid	ability company at the
place designated in this certific arther agree to comply with th	cate, i nereby accept the app the provisions of all statutes r	ointment as registere elating to the proper	ed agent and agree to a and complete perform	ct in this capacity. T ince of my duties, and L
ım familiar with and accept th	e obligations of my position	as registered agent of	as provided for in Chap	ter 605, F.S
	. (	. /		
	Dinatela	mur		
	Regist	ered Agent's Signat	ure (REQUIRED)	_
				2
		(CONTINUED)		

ARTICLE IV-

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

AMBR  Dina Feldman 319 SW 2nd st Boca Raton, FL 33432   W: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Disable of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Disable of a felony as provided for in s.817.155. F.S.  Disable of a felony as provided for in s.817.155. F.S.  Felong Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certificate of Status (Optional)		
See attachment if necessary)  V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	WON Wand	
See attachment if necessary)  V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	AMBR	Dina Feldman
Jse attachment if necessary)  V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		319 SW 2nd st
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of States (Organization)		Boca Raton, FL 33432
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of States (Organization)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of States (Organization)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  be date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  be date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  be date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  be date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
V: Effective date, if other than the date of filing: 3/19/2024 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)		
EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.  Dina Feldman  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)		ed in this block does not meet the applicable statutory filing requirements, this date will no
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)	he date inserte nent's effective EVI: Other pro	e date on the Department of State's records.
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)	he date insertenent's effective	e date on the Department of State's records.
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)	he date inserte ent's effective VI: Other pro	e date on the Department of State's records.  Divisions, if any.  SIGNATURE:
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	he date inserte ent's effective VI: Other pro	e date on the Department of State's records.  Divisions, if any.  SIGNATURE:
constitutes a third degree felony as provided for in s.817.155. F.S.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)	he date inserte ent's effective VI: Other pro	ovisions, if any.  SIGNATURE:  Divisor felding.
Typed or printed name of signee  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	he date inserte ent's effective VI: Other pro	Signature of a member or an authorized representative of a member.
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	he date inserte ent's effective VI: Other pro	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	he date inserte ent's effective VI: Other pro	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	he date inserte ent's effective VI: Other pro	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	he date inserte ent's effective VI: Other pro	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	he date inserte lent's effective VI: Other pro	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
\$ 30.00 Certified Copy (Optional)	he date inserte ent's effective VI: Other pro	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee
\$ 5.00 Continues of Status (Ontional)	he date inserted the date inserted to detect the date inserted the	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina Feldman  Typed or printed name of signee  Filing Fees:
	he date inserted the date inserted to detect the date inserted the	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Dina feloman  Typed or printed name of signee  Filing Fees:  The fees of Organization and Designation of Registered Agent

c=3