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(Docur	ment Number)
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UNIVERSITY OF STATE

COVER LETTER

New Filing Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: CYO	W With	MELLC.	·
The enclosed Articles of Org	mization and fee(s) are	submitted for filing.	
Please return all corresponde	nce concerning this mat	iter to the following:	
Cor	rey Sok	Name of Person	
Grou	with_	ME Firm/Company	
140 5	S. Dixie	Hwy #80	3
Hollyu Cover	1000, FL Ci 150KOlow (i) address: 110 be used to	33020 tv/State and Zip Code MAIL COM for future annual report notification	on)
For further information concer	ning this matter, please	call:	
Corey S Name of	Person Ar	ca Code Daytime Telephone	99 Number
Enclosed is a check for the fe	llowing amount:		,
□\$125.00 Filing Fee □ C	\$130.00 Filing Fee & errificate of Status	Cl\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Ad</u> New Filing		Street Address New Filing Section Di	vision

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grow With Me, 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:

140 S. Dixie Hwy

Hollywood, FL 33020

Hollywood, FL 33020

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:

Corey Sokolow

Name

140 S. Dixil Huy #1803

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

Hollywood FL 33020

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 turther 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)

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

"AMBR" = Authorized Member "MGR" = Manager			
TATOR	Corey Sokolow 140-5.1 Dixie Huy #803 Hollywood, Ft 32020		
			
,			
		<u> </u>	
(Use attachment if necessary)			
ete of filing.)	pecific and cannot be more than five business days prior to o		
i If the date inserted in this block does not a ocument's effective date on the Department ICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date wi of State's records.	ll not be	liste
ocument's effective date on the Department	meet the applicable statutory filing requirements, this date wi of State's records.	II not be	listee
ocument's effective date on the Department	meet the applicable statutory filing requirements, this date with of State's records.	II not be	listec
REOUIRED SIGNATURE: Signature of a m This document is executed an aware that any talks constitutes a third degree.	ember or an authorized representative of a member, ited in accordance with section 605,0203 (1) (b). Florida State information submitted in a document to the Department of Size felony as provided for in s.817,155, F.S.	ıles.	listec
CLE VI: Other provisions, if any. REOUIRED SIGNATURES Signature of a many document is executed any talks.	ember or an authorized representative of a member. tted in accordance with section 605,0203 (1) (b). Florida Statt e information submitted in a document to the Department of S	ıles.	listec
REQUIRED SIGNATURE: Signature of a m This document is execut 1 am aware that any tals constitutes a third degre	ember or an authorized representative of a member, ited in accordance with section 605,0203 (1) (b), Florida Statue information submitted in a document to the Department of Size felony as provided for in s.817,155, F.S. Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent	ıles.	lister

COVER LETTER

TO:

New Filing Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Grow with Name of Limite	MELLC.
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Corey Sok	Name of Person
Grow with 1	YE Firm/Company
140 S. Dixie	Hwy #803
Coveysokolowe	/State and Zip Code /State and Zip Code / Comail Com r future annual report notification)
For further information concerning this matter, please ca	ull:
Corry Sokolow at (30 Name of Person Area	25) 479-8199 1 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) [VS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Ā	RT	ICI	F.	I -	Na	me:
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The name of the Limited Liability Company is:

Grow With Me, 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:	Mailing Address:		
140 S. Dixie Hwy	140 S. Dixie Hwy		
# 803	#803		
Hollywood, FL 32020	Hollywood, Fl 33020		
			

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:

Corey Sokolow

Name

140 S. Dixil Huy #1803

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

Hollywood FL 33020

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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:		
UNICODULA I	Corey Sokolow 140 S.J Dixie Hwy #803 Hollywood, FL 32020		
			
(Use attachment if necessary)			
If an effective date is listed, the date must be specif he date of filing.)	filing:	or 90 d	•
REQUIRED SIGNATURE (7		
This document is exocuted I am aware that any false in	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Stat formation submitted in a document to the Department of lony as provided for in s.817.155, F.S.	utes. State	
Corey	Sokolow yped or printed name of signee		9
<i>)</i> '		l teui	SEC OBS
	Filing Fees: sization and Designation of Registered Agent	IJŊį	: 1 : 1
\$ 30.00 Certified Copy (Optional)		_	

\$ 5.00 Certificate of Status (Optional)

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