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. (Re	equestor's Name)				
(Ac	idress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phon	e #) .			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
ı					
W16-4876	2 MgR	4 Cuo			
W16-48762 MgR & CWO					



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2016 JUL 22 PM 3: 19

K.SALY EXAMINER



July 14, 2016

MARIAM KHVISTANI PRIVATE ADVISING GROUP P.A. 600 BRICKELL AVE, STE. 1725 MIAMI, FL 33131

SUBJECT: ORGANIC WORLD DISTRIBUTIONS LLC

Ref. Number: W16000048762

We have received your document for ORGANIC WORLD DISTRIBUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 016A00014755

COVER LETTER

TO:		tration Section on of Corporation	ons					
SUBJI		Organic World Dis	stribution LLC					
0000			Name of	Limited Liability C	ompany			
The en Exister	closed " ice, and	Application by For check are submitted	oreign Limited Liability Com led to register the above refer	pany for Authorizat enced foreign limite	ion to Tr ed liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida		
Please	return al	l correspondence	concerning this matter to the	following:				
		Mariam Khvis	stani					
			,	ame of Person	*			
		Private Advisi	ng Group P.A.					
			F	irm/Company				
	600 Brickell Avenue, Suite 1725							
				Address				
	Miami/Florida, 33131							
			City/S	State and Zip Code	1			
		mariam@privat	e-advising.com					
			E-mail address: (to be use	d for future annual r	eport not	tification)		
For fur	ther into	rmation concerni	ng this matter, please call:					
		Mari	am Khvistani	786	292 1			
		Name	of Contact Person	at (Area Code	Day	time Telephone Number		
	Division Registr P.O. B Tallah	ANG ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314	S]] (Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclose		neck for the follow 5.00 Filing Fee	ving amount: \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of For	outions LLC eign Limited Liability Company; mus	ist include "Limited Lia	bility Company," "L.L.C.," or	·LLC.")			
(If name unavailable, enter a Liability Company," "L.L.C.	iternate name adopted for the purpose	se of transacting busines	ss in Florida. The alternate nam	e must include "Limited			
Delaware 2.		3EIN -	81-3123163				
(Jurisdiction under the law company is organized) N/A	of which foreign limited liability	J	(FEI number, if applicable)				
	(Date first transacted busines (See sections 605,0904 & 605,		registration.) e penalty liability)				
5	2016 JUL 22 SEURETARY						
	(Street Address of P	Principal Office)		59 6			
6.	•						
	1201 NW 3d Ave Apt 1007, Miami, FL 33136						
	(Mailing A	Address)		PR 91			
7. Name and street address Name:	ss of Florida registered agent: (P. C T Corporation System	.O. Box NOT accept	able)	ORIO F			
Office Address:	1200 South Pine Island Road		-				
	Plantation (City)		, Florida(Zip code)				
designated in this applica to complywith the provisi	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	tment as registered a proper and complete	gent and agree to act in this performance of my duties,	s capacity. I further agree and I am familiar with an			
8. The name, title or capa	acity and address of the person(s)) who has/have author	rity to manage is/are:				
Valeria Vega, Mai	naging Member, 1201 NV	W 3d Ave Apt 10	007, Miami Florida 33	136			
jurisdiction under the law of the translator must be so This document is executed	Signature of the acceptance with section 605.0	ertificate is in a foreign to the control of an apphorized person (203 (1) (b), Florida S	gn language, a translation of	the certificate under oath			
submitted in a document to	the Department of State constitut Valeria	ites a third degree felo	ony as provided for in s.817.	155, F.S.			

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ORGANIC WORLD DISTRIBUTION LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2016 JUL 22 PH 3: 13
SECRETARY OF STATE
SECRETARY OF STATE

a at corn delaware gov/auth

Authentication: 202664695

Date: 07-15-16

6083635 8300 SR# 20164927682

You may verify this certificate online at corp.delaware.gov/authver.shtml $\,$