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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
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Email Address:

FLORIDA LIMITED LIABILITY CO.  
French Herbal Institute, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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FILED  
11 FEB 25 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11 FEB 25 PM 1:39  
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B. BOSTICK  
FEB 28 2011  
EXAMINER  
2/25/2011

From:

02/25/2011 13:30

#021 P.002/003

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

French Herbal Institute, LLC

(Must end with 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:

444 Brickell Avenue

444 Brickell Avenue

Suite 51-506

Suite 51-506

Miami, FL 33131

Miami, FL 33131

**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:

National Corporate Research, Ltd., Inc.

Name

515 East Park Avenue

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

Tallahassee

FL

32301

City, State, and Zip

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*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 608, F.S..*

*Ann Marie Curran*

Registered Agent's Signature (REQUIRED)

*ANN MARIE CURRAN, ASST. SEC Y.*

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Charles Lausted

444 Brickell Avenue, Suite 51-506

Miami FL 33131

Member & Pres.

David Greenberg

444 Brickell Avenue, Suite 51-506

Miami FL 33131

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

/s/ David Greenberg

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

(In accordance with section 608.408(3), 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.)

David Greenberg

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)

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