

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L19000017440  
FILED 8:00 AM  
January 15, 2019  
Sec. Of State  
dlokeefe

**Article I**

The name of the Limited Liability Company is:

THE HERBAL THERAPIST LLC

**Article II**

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

465 VENETIAN VILLA DRIVE  
NEW SMYRNA BEACH, FL. 32168

The mailing address of the Limited Liability Company is:

465 VENETIAN VILLA DRIVE  
NEW SMYRNA BEACH, FL. 32168

**Article III**

Other provisions, if any:

THE PURPOSE OF THIS COMPANY IS TO TRANSACT ANY BUSINESS  
WHICH IS LAWFUL UNDER THE LAWS OF FLORIDA

**Article IV**

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

CHRISTY BARNES  
465 VENETIAN VILLA DRIVE  
NEW SMYRNA BEACH, FL. 32168

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.

Registered Agent Signature: CHRISTY BARNES

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
CHRISTY BARNES  
465 VENETIAN VILLA DRIVE  
NEW SMYRNA BEACH, FL. 32168

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Signature of member or an authorized representative

Electronic Signature: CHRISTY BARNES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.