## LOZODOOO0044 Audrei Clarchento 15 Lakeside Pl. Bost

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name) 2.	(Document #)	1000047557219 -01/07/0201055008 *****135.00 *****135.00
(Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4	<u> </u>	02 J SEOF TALL/
(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Photocopy	SECRETARY OF STATE  Certified Copy  Certificate of Status PAID  Certificate Of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R. Change of Registe Dissolution/Withe Merger	A., Officer/Director ered Agent
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/Q  Foreign Limited Partnersh Reinstatement Trademark Other	
		Examiner's Initials

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Herbs Magic, L.	1.C	•	
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Co.  15 Lakeside Place East, Palm Coast, Fl.	mpany 32/	is: '3-7	-
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	re:		
The name and the Florida street address of the registered agent are:    Marchen   Marchen     15   Lakeside   Place   East     Florida street address (P.O. Box NOT acceptable)     Florida street address (P.O. Box NOT acceptable)     Falm loast   FL   32/37     City, State, and Zip    Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prosestatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608,   Registered Agent's Signature	ent as visions with ar	of all	
Article IV - Management (Check box if applicable.)		•	
The Limited Liability Company is to be managed by one manager or more manage	ers and	1S,	
(An additional arrote must be added if an effective date is requested)	SECRETARY C	02 JAN -7 1	FILE
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.)  ATTORE! MARCHETRO  Typed or printed name of signee	OF STATE . FLORIDA	AN 10: 42	EO.

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Andrei Marchenko 15 Lake side Place East Palm Coast, FL. 32137 386-447-9776

> FILED N-7 AMIO