

LO3000019925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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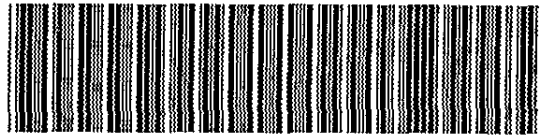
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2500 NW 37 Street
Boca Raton, FL 33434
May 29, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: LLC

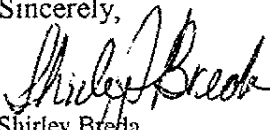
Dear Sir or Madam:

Attached is the:

- Articles of Organization for Florida LLC
- A check for \$125.00 which covers the filing fee

If you have any questions you can reach me on my cell phone at 954-709-5355.

Sincerely,


Shirley Breda

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HEALTH FROM NATURE, LLC.

ARTICLE II - Address:

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

327 NW 2ND AVENUE, DELRAY BEACH, FL, 33444

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

SHIRLEY BREDA
Name
327 NW 2ND AVENUE
Florida street address (P.O. Box **NOT** acceptable)
DELRAY BEACH, FL 33444
City, State, and 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 608, F.S.

Shirley Breda
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]
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.)

William Wesley Bonner
Typed or printed name of signee

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)

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