

L03000032034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

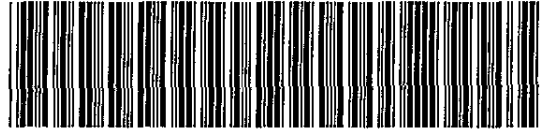
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/26/03--01050--023 \*\*155.00

RECEIVED  
03 AUG 26 AM 10:51  
DIVISION OF CORPORATION

FILED  
03 AUG 26 PM 2:34  
TALLAHASSEE, FLORIDA

*Handwritten signature*

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

FILED  
03 AUG 26 PM 2:38  
STATE  
TALLAHASSEE, FLORIDA

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

1. HERBAL NATIONAL LAB. L.L.C.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
HERBAL NATIONAL LAB, L.L.C.

FILED  
AUG 26 PM 2:30  
TALLAHASSEE, FLORIDA

ARTICLE I- NAME

The name of the Limited Liability Company is:

HERBAL NATIONAL LAB, L.L.C.

ARTICLE II-ADDRESS

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

4550 N.W. 9th Street #101  
Miami, Florida 33126

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S  
SIGNATURE

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

CAROLINA M. CALDERON  
4550 N.W. 9th Street #101  
Miami, Florida 33126

Having been named as registered agent 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.

  
CAROLINA M. CALDERON


HERBAL NATIONAL LAB, L.L.C.

ARTICLE IV-MANAGEMENT

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

| <u>Title</u> | <u>Name and Address</u>  |
|--------------|--|
| MGR          | CAROLINA M. CALDERON<br>4550 N.W. 9th St. #101<br>Miami, Florida 33126 |

REQUIRED SIGNATURE:

✓   
Signature of a member or 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  
therein are true.)

Carolina Calderon  
Typed or printed name of signee

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03 AUG 26 PM 2:34  
SEMI PALM BEACH STATE  
TALLAHASSEE, FLORIDA