

W4000071998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/30 - FL CC

Office Use Only



400041361454

09/30/04--01024-0018 **MJH** **125.00

04 SEP 30 AM 10:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is:

NATURAL2B LLC

ARTICLE II. ADDRESS

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

387 BRIDLE PATH WAY
TARPON SPRINGS, FL 34689

ARTICLE III. MANAGER/MEMBER DETAIL

Only member is Claudia Cardona

ARTICLE IV. REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Claudia Cardona

Name

387 Bridle Path Way

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

Tarpon Springs, FL 34689

City, State, and Zip

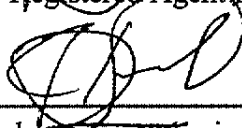
FILED
04 SEP 30 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.



Registered Agent's 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.

Claudia Cardona

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NATURAL2B LLC

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

Claudia Cardona

(Name)

387 Bridle Path Way

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

Tarpon Springs, FL 34689

(City, State, 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.



Signature