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(Address)

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(City/State/Zip/Phone #)

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11/05

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

04 DEC 27 PM 4:06

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12/27 PM 4:11  
2005  
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## TRANSMITTAL LETTER

EFFECTIVE DATE

TO: Registration Section  
Division of Corporations

1/1/05

SUBJECT: NATURALLY DIVINE, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUISE DIVINE  
(Name of Person)

NATURALLY DIVINE, L.L.C.  
(Firm/Company)

3546 BAUM ROAD  
(Address)

TALLAHASSEE, FLORIDA 32309  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT S. JETT, JR., CPA at ( 850 ) 386-2639  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEC 27 PM 4:06  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**EFFECTIVE DATE**

11/1/05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEC 27 PM 4:06  
FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NATURALLY DIVINE, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

NATURALLY DIVINE, L.L.C.

3546 BAUM ROAD

TALLAHASSEE, FL. 32309

**Mailing Address:**

NATURALLY DIVINE, L.L.C.

3546 BAUM ROAD

TALLAHASSEE, FL. 32309

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

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

LOUISE DIVINE

Name

3546 BAUM ROAD

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

TALLAHASSEE, FLORIDA 32309

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGRM" \_\_\_\_\_

LOUISE DIVINE

3546 BAUM ROAD

TALLAHASSEE, FL. 32309

"MGRM" \_\_\_\_\_

HERMAN E. HOLLEY

3546 BAUM ROAD

TALLAHASSEE, FL. 32309

\_\_\_\_\_

\_\_\_\_\_

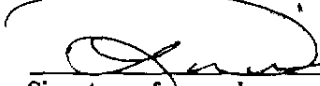
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

LOUISE DIVINE

\_\_\_\_\_  
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)**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
(ATTACHMENT)**

**NATURALLY DIVINE, L.L.C.**

**ARTICLE V – EFFECTIVE DATE:**

The effective date of this Limited Liability Company is to be January 1, 2005.