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2005 JUN 30 P 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

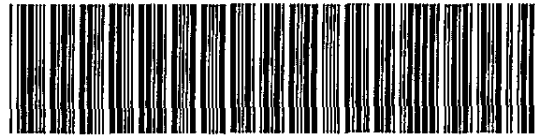
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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2005 JUN 30 P 2:20

SUBJECT: Live Well Naturally, L.L.C.
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Dorothy N. Hinde
(Name of Person)

Live Well Naturally, L.L.C.
(Firm/Company)

7542 Tarpon Cove Circle.
(Address)

Lake Worth, Florida 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Dorothy Hinde at (561) 967 2883
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 20

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Live Well Naturally, 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:

Mailing Address:

Live Well Naturally, L.L.C.

7542 Tarpon Cove Circle
Lake Worth FL 33467-6909

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

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

Dorothy N. Hinde
Name

7542 Tarpon Cove Circle

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

Lake Worth FL 33467-6909

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..

Dorothy Hinde
Registered Agent's Signature

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

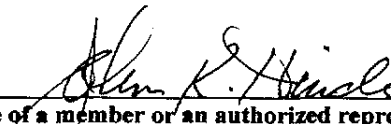
Mgr.

John K. Hinde
7542 Tarpon Cove Cir
Lake Worth FL 33467

(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.)

John K. Hinde
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION
FOR
LIVE WELL NATURALLY, L.L.C.

ARTICLE I
Name

The name of the limited liability company (the company) is

LIVE WELL NATURALLY

Article II
Mailing and Street Address

The mailing address and street address of the Company is 7542 Tarpon Cove Circle, Lake Worth, Florida 333467

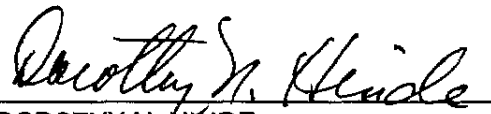
ARTICLE III
Registered Agent

The name and address of the person executing these Articles of Organization as an authorized representative of a Member of the Company is DOROTHY HINDE, 7542 Tarpon Cove Circle, Lake Worth, Florida 33467.

ARTICLE IV
Subscriber

The name and address of the person executing these Articles of Organization as an authorized representative of a Member of the Company is DOROTHY HINDE, 7542 Tarpon Cove Circle, Lake Worth, Florida 33467. Said person shall not be liable, in any form or fashion, for any acts of omissions of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 28th day of June, 2005.


DOROTHY N. HINDE

STATE OF FLORIDA)
 :SS
COUNTY OF PALM BEACH)

BEFORE ME, a Notary Public authorized in the county and Sated set forth above,
personally appeared FDL# H5301949350101 DOROTHY N. HINDE, personally known to me or has produced
as identification, to be the person who, as an
authorized representative of a Member of the Company, executed the foregoing Articles
of Organization of LIVE WELL NATURALLY, L.L.C., and she acknowledged before me that
she executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal
in the County and State last aforesaid, this 28th day of June, 2005.



NOTARY PUBLIC, State of Florida

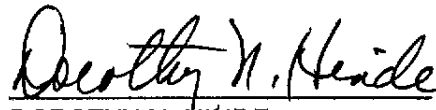
Name of Notary - Please print



ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated company, at the place designated on Article IV for these Articles of Organization, the undersigned hereby acknowledges that she is familiar with, and accepts the obligations of the position and further agrees to act in this capacity, and to comply with the complete discharge of these duties.

Dated this 28th day of June, 2005


DOROTHY N. HINDE