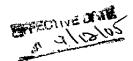
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SECRETARY OF STATE

COVER LETTER

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TO: Registration S Division of Co			A4 - 1	
	enda Herb	al LLC		
	(Name of Limited	Liability Company)		
The enclosed Articles	of Organization and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Emily Ruff	ume of Person)		<u>and a state of the state of th</u>
	renda Herl			· y waster
12	- • •	Ave (Address)		<u> </u>
trica_	er Park FL (City/Si	Z2789 tate and Zip Code)		
For further information	concerning this matter, please ca	JI:		
Emily By	a e of Person)	(Area Code & Daytime Te	- 373 (eleptione Number)	
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	X \$160.00 Filing Feet Certificate of Status & Certified Copy (additional copy) is enclosed	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Conrier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ARY OF ST ASSEE, FLC	,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Orenda Herba LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:
1820 Momes Ave 1820 Momes Due Winter Park Fr 32729
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Emily Roff Name
1820 Aloma Ave
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) Winter Puck FL Z2789 City, State, and Zip
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 Registered Agent's Signature (REOUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Emily Roff 1820 Momen De Winter Park Fr 32789
MGR	Michael Tiner 2843 Hertha Ave Orlando EL 32826
(Use attachment if necessary)	
	date of filing: $9-12-05$ (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
<u> </u>	er or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perfurs herein are true.)

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)

Page 2 of 2

Typed or printed name of signee