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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

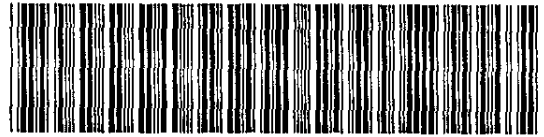
(Business Entity Name)

(Document Number)

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

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106-25304  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DragonFly HERBS & Flowers 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:

REBEKAH A. Ponds  
(Name of Person)

DragonFly HERBS & Flowers L.L.C.  
(Firm/Company)

13332 CR 103  
(Address)

OXford, FLA. 34484  
(City/State and Zip Code)

For further information concerning this matter, please call:

REBEKAH A. Ponds at (352) 330-1803  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dragon Fly Herbs & Flowers 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:

13332 CR 103

SAME

OXford, FLA.

34484

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

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

REBEKAH A. Ponds

Name

13332 CR 103

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

OXford, FLA. 34484

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 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.

Rebekah A Ponds

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 follow:

Title:

"MGR" Manager

"MGRM" Managing Member

Name and Address:

MGR

REBEKAH A. Ponds  
13332 CR 103  
OXFORD, FL 34484

(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 or perjury that the facts stated herein are true.)

REBEKAH A. Ponds  
Typed or printed name of signer

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)