

L07000021794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

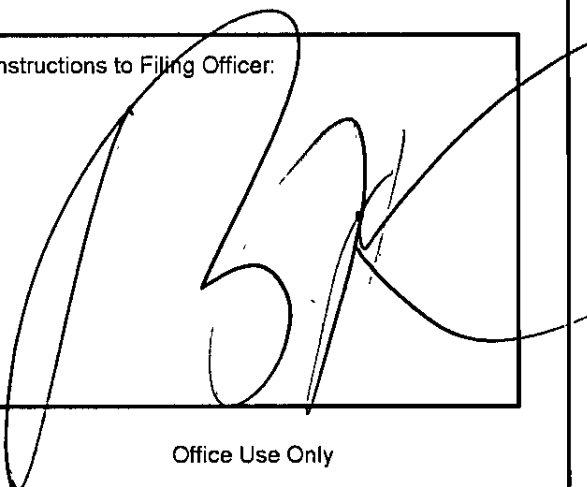
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:



Office Use Only



200087064162

02/27/07--01016--021 \*\*155.00

RECEIVED  
07 FEB 27 AM 11:08  
TALLAHASSEE, FLORIDA

FILED  
07 FEB 27 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ATTORNEYS' TITLE**

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/State/Zip

850-222-2785

Phone #

**FILED**  
07 FEB 27 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1- OLIVE AND HERBS, LLC
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

- Walk-in       Pick-up time ASAP       Certified
- Mail-out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**FILED**  
07 FEB 27 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
OLIVE AND HERBS, LLC  
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be *OLIVE AND HERBS, LLC*.

**ARTICLE II  
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III  
Mailing Address**

The mailing address of the Company is 6039 Cypress Gardens Boulevard, #400, Winter Haven, Florida 33884. The street address of the Company is 200 Orchid Springs Drive, Winter Haven, Florida 33884.

**ARTICLE IV  
Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: Miriam Vigoa, 200 Orchid Springs Drive, Winter Haven, Florida 33884.

**ARTICLE V  
Admission of Additional Members;  
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Member(s) of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company.

✓

**ARTICLE VI**  
**Right to Continue Business**

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected in writing within ninety (90) days of the occurrence of such event by any remaining Member.

**ARTICLE VII**  
**Management by Members**

The Company will be managed by its Member(s). The name and address of the initial Managing Member is: Miriam Vigoa, 200 Orchid Springs Drive, Winter Haven, Florida 33884.

**ARTICLE VIII**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Member(s).

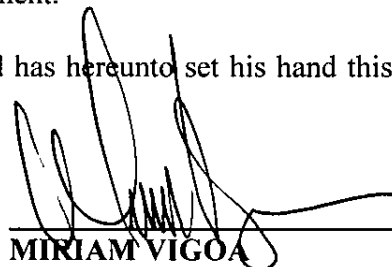
**ARTICLE IX**  
**Informal Action of Members**

Any action of the Member(s) may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

**ARTICLE X**  
**Transferability of Member's Interest**

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 26<sup>th</sup> day of February, 2007.

  
\_\_\_\_\_  
MIRIAM VIGOA

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 26<sup>th</sup> day of February, 2007, by **MIRIAM VIGO**, who [ ] is personally known to me or [] produced FL Drivers License as identification.

(SEAL)

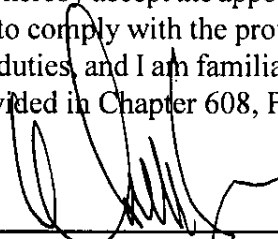
Thomas B. Putnam, Jr.  
NOTARY PUBLIC  
THOMAS B. PUTNAM, JR.  
Print Name of Notary  
My Commission Expires:



Thomas B. Putnam, Jr.  
Commission # DD475094  
Expires September 22, 2009  
Bonded by FWH - Insurance, Inc. 800-385-7019

**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for **OLIVE AND HERBS, LLC, a Florida limited liability company**, 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 in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
MIRIAM VIGOA

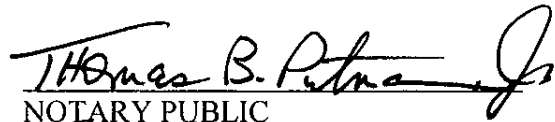
STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 26<sup>th</sup> day of February, 2007, by **MIRIAM VIGOA**, who [ ] is personally known to me or [] produced Fl. Drivers License as identification.

(SEAL)



Thomas B. Putnam, Jr.  
Commission # DD475094  
Expires September 22, 2009  
Bonded Troy Pan - Insurance, Inc. 888-285-7218

  
\_\_\_\_\_  
NOTARY PUBLIC  
THOMAS B. PUTNAM, JR.  
Print Name of Notary

My Commission Expires: