

L09000016265

(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:

CORPFLAL

Office Use Only



300143850553

02/18/09--01023--019 \*\*155.00

EFFECTIVE DATE

2/14/09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 17 PM 1:15

FILED

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2009 FEB 19 PM 2:11

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

B. KOHR

FEB 24 2009

EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE 2/17/04

Office Use Only

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

1. Pacific Herbs LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. 2/17  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☒ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

EFFECTIVE DATE 2/14/09

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PACIFIC HERBS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
09 FEB 17 PM 1:15  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

4155 SW 130 AVE  
STE 214  
MIAMI FL. 33175

**Mailing Address:**

4155 SW 130 AVE  
STE 214  
MIAMI FL 33175

**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.)

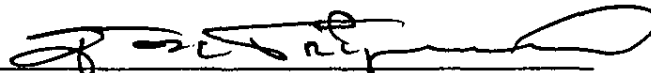
The name and the Florida street address of the registered agent are:

DLF BUSINESS ENTERPRISES, INC  
Name

4155 SW 130 AVE STE 214 MIAMI, FL 33175  
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33175  
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 (REQUIRED)

(CONTINUED)

**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:**

MGR

DAGICO Enterprises, Inc  
711 VALENCIA AVENUE  
CORAL GABLES, FL 33134

MGR

GRISINES SAVID GROUP  
14377 SW 62 Street  
MIAMI FL. 33183

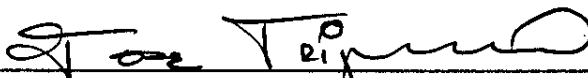
MGRM

DLF BUSINESS Enterprises, Inc  
4155 SW 130 AVE STE 214  
MIAMI FL 33175

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Feb 14, 2009 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

JOSE TRIGUERO  
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)