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(Re	equestor's Name)
(Ac	ddress)
 (Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
,	

Office Use Only



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SECRETARY OF STATE
TALLAMASSEE TO MORNING

S. HAWKES

MAR 2 3 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Backyard Veggies and	Herbs L.L.C.
50201		ited Liability Company)
The en	closed Articles of Organization and fee(s) ar	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Morton Fishman	
		(Name of Person)
	Logo Express, Inc.	
•		(Firm/Company)
	8330 Currency Drive, Unit	1
		(Address)
	Riviera Beach, FL 33404	
	(C	ity/State and Zip Code)
For fur	ther information concerning this matter, plea	se call:
Mort	on Fishman	at (561) 881-5300
	(Name of Person)	(Area Code & Daytime Telephone Number)
	ed is a check for the following amount:	
√ \$125.	00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

•	
ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPAN
ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
, ,	
Backyard Veggies and Herbs L	IC E
	d Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Emined	T Liability Company, E.E.C., or ELC.
ARTICLE II - Address:	g.
The mailing address and street address of t	the principal office of the Limited Liability Company i
_	
Principal Office Address:	Mailing Address:
9220 Currency Priva Haif d	
8330 Currency Drive, Unit 1 Riviera Beach, FL 33404	8330 Currency Drive, Unit 1 Riviera Beach, FL 33404
NIVICIA DEACH; FL 33404	Riviera Beach, FL 33404
	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Morton Fishman	
1	Name
8330 Currency D	Prive, Unit 1
Florida stre	eet address (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED

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

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

MGRM	Stanley Smith
	2552 Conroy Drive
	North Palm Beach FL. 33403
MGRM	Morton Fishman
	8330 Currency Drive, Unit 1
	Riviera Beach, FL 33404
(Use attachment if nec	
Tective date is listed, to days after the date of	must be specific and cannot be more than five business da
REQUIRED SIGNA	

(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.)

Morton Fishman

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)