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# Florida Department of State

Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : ARLENE F. AUSTIN, P.A.  
Account Number : I20000000066  
Phone : (239) 514-8211  
Fax Number : (239) 514-4618

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TALLAHASSEE, FLORIDA  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Herbal Tones, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

**S. HAWKES**

OCT 21 2009

**EXAMINER**

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**ARTICLES OF ORGANIZATION OF  
HERBAL TONES, LLC**

**A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name & Address**

The name of the Limited Liability Company is:

HERBAL TONES, LLC

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

2810 Citrus Lake Drive  
Unit #102  
Naples, FL 34109

**ARTICLE II — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE III — Purpose:**

The purpose for the Limited Liability Company shall be to operate an herbal products business and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

**ARTICLE IV — Management:**

The Limited Liability Company is to be managed by the members and the name and address of the initial sole managing member is:

Judy Aller  
2810 Citrus Lake Drive  
Unit #102  
Naples, FL 34109

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**ARTICLE V — Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

**ARTICLE VI — Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on 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 limited liability company shall be by consent of a majority of the members.

**ARTICLE VII — Effective Date**

The effective date for the formation of this company shall be on the date of filing these Articles of Organization with the Florida Secretary of State.

**ARTICLE VIII - Resident Agent**

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin  
6312 Trail Blvd.  
Naples, FL 34108

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be her free act on this 20th day of October, 2009.

  
\_\_\_\_\_  
Judy Aller, Member/Manager

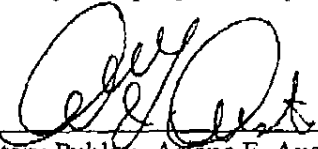
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State of Florida  
County of Collier

On October 20, 2009, Judy Aller, [ ] who is personally known to me, or [XX] who produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Herbal Tones, LLC, a Florida Limited Liability Company for the purposes therein expressed.

  
Notary Public: Arlene F. Austin



Commission Expiration Date:  
Commission Number:

(SEAL)  
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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

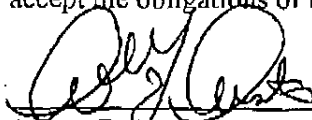
1. The name of the Limited Liability Company is:

HERBAL TONES, LLC

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

Arlene F. Austin  
6312 Trail Blvd.  
Naples, FL 34108

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.



Arlene F. Austin  
Registered Agent

State of Florida  
County of Collier

On October 20, 2009, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, [XX] who is personally known to me or [ ] who produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Herbal Tones, LLC, as resident agent.



Notary Public: Jessica Fisher



JESSICA FISHER  
MY COMMISSION # DD 902209  
EXPIRES: July 4, 2013  
Bonded Thru Budget Notary Services

(Notary Public - Printed Or Typed Name)

Commission Expiration Date & Commission Number: (SEAL)

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