

L10000044727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

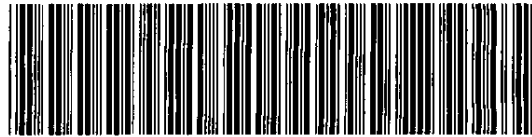
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000176761980

04/26/10--01016--024 **130.00

FILED
2010 APR 26 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 27 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Naturally Balanced Orlando, LLC
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:

Krista Rogan
Name of Person

Naturally Balanced Orlando, LLC
Firm/Company

3742 Gatlin Woods Drive
Address

Orlando FL 32812
City/State and Zip Code

Kristy@naturallybalancedorlando.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krista Rogan at 407 492-1758
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- CK# 1086

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
Tallahassee, FL 32301

2010 APR 26 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

3742 Gatlin Woods Drive
Orlando, FL 32812

Mailing Address:

3742 Gatlin Woods Drive
Orlando, FL 32812

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:

Krista Rogan
Name

3742 Gatlin Woods Dr
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32812
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.

Krista A. Rogan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2010 APR 26 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Krista Rogan
3742 Gatlin Woods Drive
Orlando, FL 32812

MGRM

Randall Rogers
3742 Gatlin Woods Drive
Orlando, FL 32812

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 60 days after the date of filing.)

FILED
2010 APR 26 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Krista Rogan
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.)

Krista Rogan
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)