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Florida Department of State
Division of Corporations
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L. SELLERS

MAY 21 2010

EXAMINER

Michelle Narea-Popu

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

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6963

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

10 MAY 20 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
LIVING NATURALLY VENTURES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 20 AM 9:48

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**ARTICLES OF ORGANIZATION
OF
LIVING NATURALLY VENTURES, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is LIVING NATURALLY VENTURES, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 1314 LAS OLAS BOULEVARD, SUITE 168, FORT LAUDERDALE, FLORIDA 33316.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is LAURENCE I. BLAIR, 100 W. CYPRESS CREEK ROAD, SUITE 700, FORT LAUDERDALE, FLORIDA 33309.


ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as manager is:

LIVE TREE, LLC 1314 LAS OLAS BLVD, 168
FORT LAUDERDALE, FL 33316

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TALLAHASSEE, FLORIDA

Whereof, the undersigned authorized representative of the member(s) has executed these Articles the 19 day of May, 2010.



LAURENCE I. BLAIR
Authorized Representative of Member

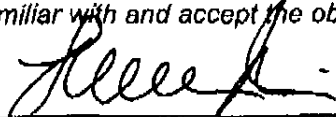
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the Limited Liability Company is:
LIVING NATURALLY VENTURES, LLC
2. The name and address of the registered agent and office is:

LAURENCE I. BLAIR, ESQ.
GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FLORIDA 33309

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.



LAURENCE I. BLAIR (Signature)

May 19 2010
(Date)