

L10000059637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

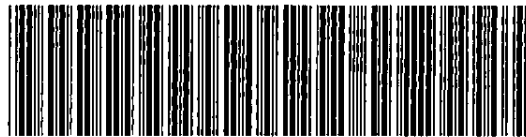
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



400181020834

05/20/10--01019--011 **160.00

Effective Date 06/05/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN - 2 PM 2:58

T. HAMPTON
JUN - 3 2010
EXAMINER

26672 010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATURES FINEST ALL NATURAL SKIN & HAIR CARE
(Name of Limited Liability Company) Supply, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER W. FRANCIS

(Name of Person)

NATURES FINEST ALL NATURAL SKIN & HAIR CARE Supply
(Firm/Company) LLC.

3916 N.W. 207 ST. RD

(Address)

MIAMI, FL. 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER FRANCIS at (954) 534-0421
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & 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
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 21, 2010

PETER W FRANCIS
3619 NW 207 ST RD
MIAMI, FL 33055

SUBJECT: NATURES FINEST ALL NATURAL SKIN & HAIR CARE SUPPLY,
LLC
Ref. Number: W10000024973

We have received your document for NATURES FINEST ALL NATURAL SKIN & HAIR CARE SUPPLY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Is your Effective date May 20 or May 30?

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 910A00012949

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Effective Date

06/05/10

NATURES FINEST ALL NATURAL SKIN & HAIR CARE SUPPLY, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3916 NW. 207 ST. RD.
MIAMI, FL. 33055

← (SAME)

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:

PETER W. FRANCIS

Name

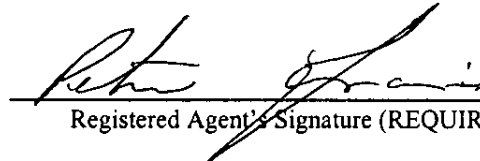
3916 NW. 207 ST. RD

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33055

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

MGR

MGRM

Name and Address:

Peter W. Francis
3916 NW 207 St Rd
MIAMI, FL. 33055

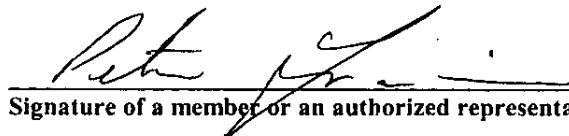
Valencia Francis
3916 NW 207 St. Rd.
Miami, FL. 33055

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/5/10 (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.)

PETER FRANCIS
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)