

LID 0000126309

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entry Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

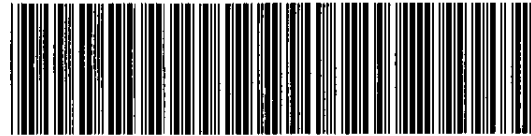
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**G. MCLEOD**

DEC - 9 2010

**EXAMINER**



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FILED  
10 DEC - 8 AM 11:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATURE'S IMAGES, 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:

Drennen L. Whitmire, Jr., Esquire

Name of Person

Haile, Shaw & Pfaffenberger, P.A.

Firm/Company

660 U.S. Highway One, Third Floor

Address

North Palm Beach, FL 33408

City/State and Zip Code

dwhitmire@haileshaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drennen L. Whitmire, Jr., Esquire at ( 561 ) 627-8100

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)

**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

**Charles S. O'Lessker**  
**3500 West Amanda Court**  
**St. John's, Florida 32259**  
**Telephone: (904) 230-0866**

December 1, 2010

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Waiver of right to the further use of the corporate name "NATURE'S IMAGES, INC."

Dear Sir or Madam:

The Corporation, Nature's Images, Inc. administratively dissolved by the State of Florida on September 24, 2010 is no longer conducting business, and the corporation will not be reinstated.

The undersigned, as President of the dissolved Nature's Images, Inc., on behalf of the company, hereby waives any and all right to the further use of the name Nature's Images, Inc., and has no objection to the use of such name by Caution Singletary or any entity which he may designate.

Sincerely,



---

Charles S. O'Lessker, President of  
Nature's Images, Inc., a dissolved Florida corporation

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**NATURE'S IMAGES, 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:

15840 SW 283 Street  
Homestead, FL 33033

#### Mailing Address:

15840 SW 283 Street  
Homestead, FL 33033

### 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:

Drennen L. Whitmire, Jr., Esquire

Name

660 U.S. Highway One, Third Floor

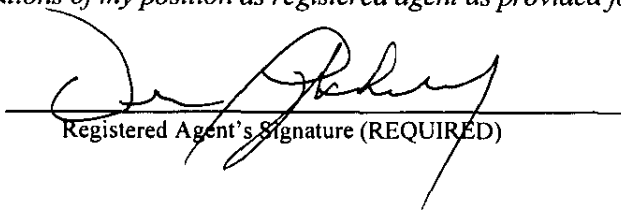
Florida street address (P.O. Box **NOT** acceptable)

North Palm Beach FL 33408

City, State, and Zip

FILED  
10 DEC -8 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

**Name and Address:**

MGRM

Caulion Singletary

15840 SW 283 Street

Homestead, FL 33033

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\_\_\_\_\_

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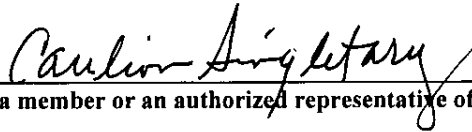
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(Use attachment if necessary)

**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 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Caulion Singletary

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)**