

L110000035255

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

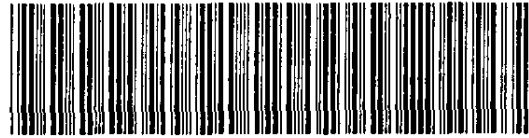
Special Instructions to Filing Officer:

L. SELLERS

MAR 28 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF
MARTIN D. SCHWEBEL, P.A.
ATTORNEY AT LAW
(407) 896-6633 Telephone
(407) 896-8890 Facsimile

1516 East Colonial Drive
Suite 100E
Orlando, Florida 32803

Please Respond to:
P.O. Box 941664
Maitland, Florida 32794-1664

July 9, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization
Local Honey, LLC

Dear Sir:

Enclosed are original an original and one copy of the Articles of Organization as above captioned, and our check in the amount of \$160.00, representing:

Filing Fee	\$100.00
Resident Agent Designation	\$ 25.00
Certified Copy	\$ 30.00
Certificate of Status	\$ 5.00

When the Articles have been processed, we would appreciate the return of the certified copy to our attention.

Thank you for your cooperation in this matter.

Very truly yours,



MARTIN D. SCHWEBEL

MDS/op

Enclosures

**ARTICLES OF ORGANIZATION
OF
LOCAL HONEY, LLC**

ARTICLE I - NAME

The name of the limited liability company is LOCAL HONEY, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
13926 MAGNOLIA GLEN CIRCLE
ORLANDO, Florida 32828

Mailing Address:
13926 MAGNOLIA GLEN CIRCLE
ORLANDO, Florida 32828

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

MIKE FELD
13926 MAGNOLIA GLEN CIRCLE
ORLANDO, Florida 32828

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..



MIKE FELD

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGMR" = Managing Member

Name and Address:

MGMR

MIKE FELD
13926 MAGNOLIA GLEN CIRCLE
ORLANDO, Florida 32828

ARTICLE V - OTHER MATTERS

NONE

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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(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.)

MIKE FELD

Typed or printed name of signee

**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 Honey Path, 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 Honey Path.
2. The name and the Florida street address of the registered agent and office are:
MIKE FELD
13926 MAGNOLIA GLEN CIRCLE
ORLANDO, FL 32828

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, Florida Statutes.



MIKE FELD
Registered Agent