

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THOMAS K. BOARDMAN, P.A.
Account Number : 102350003270
Phone : (239) 657-4418
Fax Number : (239) 657-4278

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**FLORIDA LIMITED LIABILITY CO.
HERBAMEDICA INTL., LLC**

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

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EXAMINER

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ARTICLES OF ORGANIZATION

OF

HERBAMEDICA INTL., LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be HERBAMEDICA INTL., LLC

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 138 Des Ormes, O., St-Philippe QC Canada J0L 2K0.

ARTICLE III

DURATION

This limited liability company shall exist until March 31, 2041, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
1400 North 15th Street, Suite 201
Immokalee, Florida 34142
(239) 657-4418
Florida Bar No. 103581

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ARTICLE IV
MANAGEMENT

This limited liability company shall be managed by one of its members. The name and address of the managing member is as follows:

Raymond Lamoureux
138 Des Ormes. O.
St-Philippe QC Canada J0L 2K0

ARTICLE V
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

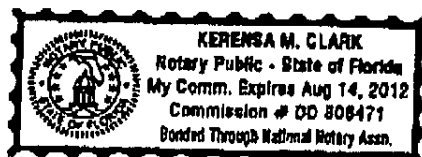
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

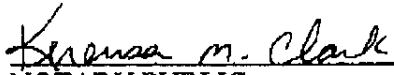
Executed by the undersigned at Immokalee, Florida, on March 24, 2011.


RAYMOND LAMOUREUX

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 24 day of March, 2011, by RAYMOND LAMOUREUX, who is ☐ personally known to me or ☒ who has produced a Quebec Drivers License as identification.




NOTARY PUBLIC
Name: Kerensa M. Clark

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: HERBAMEDICA INTL., LLC
2. The name and address of the registered agent and office is:

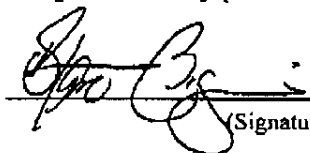
STAN BIGELEISEN
(Name)

21301 S Tamiami Trail, Suite 320 PMB 131
(P.O. Box not acceptable)

Estero, Florida 33928
(City/State/Zipcode)

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Having been named as registered agent and to accept service of process for the above state corporation 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.



(Signature)

3/24/2011

(Date)