L11000063821

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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T. HAMPTON
JUN - 1 2011



34848-11C

COVER LETTER

Registration Section

TO:

Division of Corporations		
_{SUBJECT:} Our Natural Energy		
	ed Liability Compa	any
The enclosed Articles of Organization and fee(s) are	submitted for filing	2.
Please return all correspondence concerning this mat	ter to the following	F g
Elisabeth Ditchkus		
	Name of Person	
Our Natural Energy LLC		b
	Firm/Company	
8072 SE Windjammer Way	<i>(</i>	*1
	Address	
Hobe Sound, Fl., 33455	10 10 01	
	y/State and Zip Code)
yourqi2health@gmail.com E-mail address: (to be used i	for fiture annual ranc	net notification)
For further information concerning this matter, please	-	nt nouncation)
-		. •
Elisabeth Ditchkus	_ _{at (} 772	341-2601
Name of Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount:		-
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$.	\$155.00 Filin Certified Cop (additional copy	Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee. FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 MAY 31 PM 4:00

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

May 17, 2011

ELISABETH DITCHKUS 8072 SE WINDJAMMER WAY HOBE SOUND, FL 33455

SUBJECT: OUR NATURAL ENERGY

Ref. Number: W11000027248

We have received your document for OUR NATURAL ENERGY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return the corrected original and one copy of 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
Registration/Qualification Section

Letter Number: 011A00012227

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•		
The name of the Limited Liability Comp	pany is:		
Our Natural Energy LLC.			
(Must end with the words "Limi	ted 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:	Mailing Address:		
8072 SE Windjammer Way	8072 SE Windjammer Way		
Hobe Sound	Hobe Sound		
Florida 33455	Florida 33455		
The name and the Florida street address of Anthony Ditchkus			
	Name		
8072 SE Win	djammer Way		
Florida s	treet address (P.O. Box NOT acceptable)		
Hobe Sound	_{FL} 33455		
	City, State, and Zip		
liability company at the place designaregistered agent and agree to act in this constantes relating to the proper and compaccept the obligations of my position of the proper accept the obligations of my position of the proper accept the obligations of the proper and compact the obligations of the proper and compact the place designates and the place designates are stated as a second control of the place designates are stated as a second control of the place designates are stated as a second control of the place designates are stated as a second control of the place designates are stated as a second control of the place designates are stated as a second control of the place designates are stated as a second control of the proper and compact accept the obligations of the proper accept the obligations of the proper accept the obligations are stated as a second control of the proper accept the obligations of the proper accept the obligations are stated as a second control of the proper accept	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		
wegishered Rein	o organizaci (nazvoraza)		

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
JIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGR	Elisabeth Ditchkus 8072 SE Windjammer Way
	Hobe Sound, FL 33455
 	
(Use attachment if necessary)	
	e date of filing: (OPTION
ective date is listed, the date must l lays after the date of filing.)	be specific and cannot be more than five business da

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.)

Elisabeth Ditchkus

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)

SECRETARY OF STATIONS
BIVISION OF CORPORATIONS