

L12000138026 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100241226721

10/29/12--01013--023 \*\*150.00

EFFECTIVE DATE 11-08-12

FILED

12 OCT 29 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 30 2012

EXAMINER

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: Herbocare 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:

Maya Ivanjesku  
Name of Person

Herbocare LLC  
Firm/Company

3547 53<sup>rd</sup> Ave West, suite 143  
Address

Bradenton FL 34210  
City/State and Zip Code

~~mimo~~ maya@herbocare.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stan Ivanjesku at (941) 357-0321  
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

FILED  
12 OCT 29 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Herbacare 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:

#### Mailing Address:

3547 53<sup>rd</sup> Ave West  
Suite 143  
Bradenton FL 34210

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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:

Naya Ivanjesku

Name

3547 53<sup>rd</sup> Ave West #143

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

Bradenton FL 34210

City, State, and Zip

FILED  
12 OCT 29 PM 4:07  
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..*

[Signature]  
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:**

MGR

Naya Ivanjeski  
3547 53<sup>rd</sup> Ave West suite 143  
Bradenton FL 34210

MGR

Sean Ivanjeski  
3547 53<sup>rd</sup> Ave West suite 143  
Bradenton FL 34210

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 23 PM 1:07

FILED

**ARTICLE V:** Effective date, if other than the date of filing: 11-08-2012 (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.)

Naya Ivanjeski  
Typed or printed name of signer

**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)**