

Florida Department of State  
Division of Corporations  
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(((H12000279238 3)))



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Division of Corporations  
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From:

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: aalbright2@yahoo.com

**FLORIDA LIMITED LIABILITY CO.**

**Nature's Traders Distribution, LLC**

Certificate of Status	1
Certified Copy	0
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**EXAMINER**

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H12000279238

ARTICLE I - Name

The name of the Limited Liability Company is: **Nature's Traders Distribution, 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:

3191 SE Bonita Street #5

3191 SE Bonita Street #5

Stuart, FL 34997

Stuart, FL 34997

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Anthony Albright

Name

3191 SE Bonita Street #5

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Stuart, FL 34997

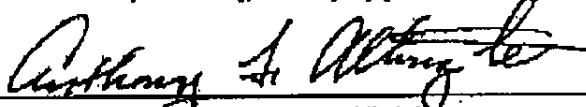
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 - Anthony Albright

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**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

Anthony Albright - 3191 SE Bonita Street #5, Stuart, FL 34997

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

Anthony Albright

Typed or printed name of signer

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