

8/13/13

L13000114368

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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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: Rachelflyaway@yahoo.com

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FLORIDA LIMITED LIABILITY CO.
All Natural Fly-Away LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Naturals Fly Away 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:

4177 Milner Circle #103

4177 Milner Circle #103

Lake Worth, FL 33463

Lake Worth, FL 33463

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

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

Rachel Vizhanyo

Name

4177 Milner Circle #103

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

Lake Worth, FL 33463

(City / State / Zip)

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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 - Rachel Vizhanyo

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

H13000179547

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Rachel Vizhanyo - 4177 Milner Circle #103, Lake Worth, FL 33463

MGRM

Jill R. Townsend - 4177 Milner Circle #103, Lake Worth, FL 33463

(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.)

Rachel Vizhanyo

Typed or printed name of signer

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