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Florida Department of State
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Account Name : BUSINESS FILINGS
Account Number : 105256001620
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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: hmseitz@gmail.com

FLORIDA LIMITED LIABILITY CO.
Herbal Medicine Network LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
Herbal Medicine Network LLC**

ARTICLE I NAME

The name of the limited liability company is: Herbal Medicine Network LLC

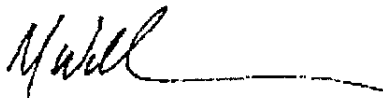
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
18327 SE Par Lane, Tequesta, Florida 33469.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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 605, F.S..



Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: May 9, 2014

ARTICLE IV MANAGERS/MEMBERS

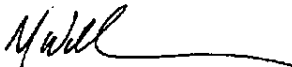
The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:
Karl Seitz, 18327 SE Par Lane, Tequesta, Florida 33469

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FAX AUDIT # H14000111473 3**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.



Date: May 9, 2014

(In accordance with section 605.0203 (1) (b), 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.)

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

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