Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Name : LAZARUS CORPORATE FI Account Number : I20000000019	LING SERVICE, INC.	-1
	Phone : (305)552-5973		
	Fax Number : (305)675-5944		
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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The stame of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
Nature's Rescue LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability
Company is: 12143 Old Country Rd
Wellington FL 33414
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an acrive Florida registration.)
Michael Jordan Marks
12143 Old Country Rd Wellington FC 33414
Wellington FC 33414
ARTICLE IV. The name and title of each person authorized to manage and control the Limited Liability Company:
Michael Jordan Marks (AMBR)
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Required Signatures:

Signature of a member or an authorized representative of a member.

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.

Michael Jordan Marks
Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

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