

L16000091443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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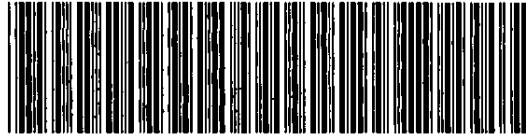
(Business Entity Name)

(Document Number)

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16 MAY 6 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan MAY 13 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HERBAL TREASURES 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:

DIANE LEE

Name of Person

HERBAL TREASURES LLC

Firm/Company

2263 SW DANFORTH CIRCLE

Address

PALM CITY, FLORIDA 34990

City/State and Zip Code

HERBALTREASURESLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE LEE

772

233-3065

at ()

Name of Person

Area Code

Daytime Telephone Number

(additional copy is enclosed)

(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HERBAL TREASURES 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:

2263 SW DANFORTH CIRCLE
PALM CITY, FLORIDA 34990

Mailing Address:

2263 SW DANFORTH CIRCLE
PALM CITY, FLORIDA 34990

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:

DIANE LEE

Name

2263 SW DANFORTH CIRCLE

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

PALM CITY

City

FLORIDA

State

34990

Zip

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)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

DIANE LEE

2263 SW DANFORTH CIRCLE

PALM CITY, FL 34990

MGR

DIANE LEE

2263 SW DANFORTH CIRCLE

PALM CITY, FL 34990

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 3, 2016. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DIANE L. LEE

Typed or printed name of signee

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)