

To:

Florida Dept. of State - Corporations

CC:

From:

George Luntz, Native Remedies LLC

Date:

9/26/02

Re:

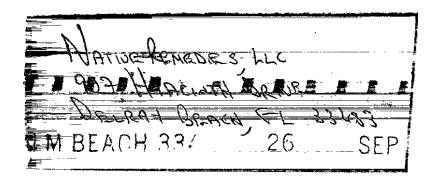
Application for Foreign LLC to transact business in Florida

Dear Sirs:

Please find enclosed an application by Native Remedies LLC, a Delaware company, for authorization to transact business in Florida. We have also attached an original Certificate of Formation, as well as a check in the amount of \$125 to cover the filing fee and designation of registered agent.

I can be contacted for any questions at 561-266-8798.

Sincerely,



WO2-28328

J. BRYAN OCT - 1 2002

****125.00

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 1, 2002

GEORGE LUNTZ NATIVE REMEDIES LLC 907 HYACINTH DRIVE DELRAY BEACH, FL 33483

SUBJECT: NATIVE REMEDIES LLC

Ref. Number: W02000028328

We have received your document for NATIVE REMEDIES LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

If you have any further questions concerning your document, please call (850) 245-6043.

Letter Number: 302A00055209

Joey Bryan Document Specialist Tax Liens MI OCT - 1 MI II: 54

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Native Remedies LLC (Name of foreign limited liability company) 2 State of Delaware . (Inrisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4, 9/11/02 Perpetual (Duration: Year limited liability company will ceas exist or "perpetual") (Date of Organization) Upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 907 Flyacinth Drive, Delray Beach, FL 33483 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: George Luntz - 907 Hyacinth Drive, Delray Beach, FL 33483 Adrienne Luntz - 907 Hyacinth Drive, Delray Beach, FL 33483 Dean Luntz - 2845 SW 22nd Ave, Unit 107, Delray Beach, FL 33445 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida. Sale of Herbal Remedies

Signature of a member or arrange for the frized representative of a member. (In accordance with section 608.408(2) F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

George Luntz

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA.

THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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

George Luntz	
	(Name)
907 Hyacinth Drive	
Florida street	address (P.O. Box NOT ACCEPTABLE)
Delray Beach	FL 33483
· · · · · · · · · · · · · · · · · · ·	(City/State/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 608, F.S.

(Signature)

\$100.00 Filing Fee for Application

25.00 **Designation of Registered Agent**

Certified Copy (optional) \$ 30.00

5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIVE REMEDIES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2002.





Variet Smith Windson

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2013576

DATE: 10-01-02