M04000005406

BETTY TORRESON (Requestor's Name)			
2046 CAEEK HOLOW TRAIL (Address)			
(Address)			
(Address)			
TALLAH ASSFE FL 32317 (City/State/Zip/Phone #)			
/			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Opecial instructions to 1 ming Officer.			

Office Use Only



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12/09/04--01001--006 **175.00

04 DEC -8 FN 3-52 DIVISION OF CUID CRATION

FILED

SECRETARY OF STATE

SHOWN DEC 8 2004

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

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	IVICION / HAT EARING 11 C
1	(Name of foreign limited liability company)
2.	TEMESSEE urisdiction under the law of which foreign limited liability ompany is organized) 3. 54-2104604 (FEI number, if applicable)
4	12/16/2007 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will gease to
6	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7	TALLERANDE TO 32716
-	TALKHASEE, FL 323/6 (Street address of principal office)
	The name and usual business addresses of the managing members or managers are as follows: BETTY TORREDUW 2046 Creekhollow Trail Tallahascett. 323
the ju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: RETAIL GOODS -
_	ELECTRICAL COMPONENTS, PLANT & SHRUB & TREES, &TC.
	Bottle B. Tonem
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	BETTY B. TORREJON
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
LUCKY LEAF FARMS, LLC	
2. The name and the Florida street address of the registered agent and office are:	!
BETTY TORRESON (Name)	OF SECOND
2046 CNEEKHOLOW TRALL Florida street address (P.O. Box NOT ACCEPTABLE)	THE PARTY OF THE P
TALLAHASCEE FL 32316 City/State/Zip	ORDER SS

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 \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower

Nashville, Tennessee 37243

TO: BETTY TORREJON 2046 CREEKHOLLOW TRL TALLAHASSEE, FL 32317 ISSUANCE DATE: 11/08/2004 REQUEST NUMBER: 04313513 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/16/2002 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0438243 JURISDICTION: TENNESSEE

REQUESTED BY: BETTY TORREJON 2046 CREEKHOLLOW TRL TALLAHASSEE, FL 32317

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "LUCKY LEAF FARMS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID; THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.



FOR: REQUEST FOR CERTIFICATE

SHELBYVILLE, TN 37160-0000

ON DATE: 11/08/04

RECEIVED:

FEES \$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00003605817 ACCOUNT NUMBER: 00461682



FROM: BETTY B TORREJON 960 BOTTLE HOLLOW RD

RILEY C. DARNELL SECRETARY OF STATE