

LO2000033158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

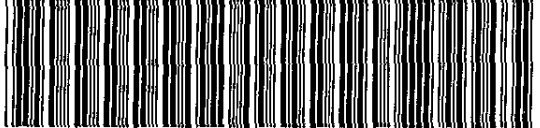
(Business Entity Name)

(Document Number)

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12-10-02



ACCOUNT NO. : 072100000032

REFERENCE : 847179 7359587

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

ORDER DATE : December 8, 2002

ORDER TIME : 3:27 PM

ORDER NO. : 847179-001

CUSTOMER NO. : 7359587

CUSTOMER: Mr. Frank Ebel
Mr. Frank Ebel

320 Vinings Way Blvd
10-206
Destin, FL 32541

DOMESTIC FILING

NAME: GENUTRADE LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GENUTRADE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

320 VININGS WAY BLVD, STE 10-206, DESTIN, FL 32541

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
City, State, and 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.

Corporation Service Company
By: Laura R. Dunlap
Registered Agent's Signature

ARTICLE FILED
02 APR 10 PM 1:08
CORPORATION DEPARTMENT
TALLAHASSEE, FL 32309

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LAURA R. DUNLAP
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

GENUTRADE LLC
MANAGING MEMBER LIST

FRANK EBEL
320 VININGS WAY BLVD #10-206
DESTIN, FL 32541

sxk

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AND
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TALLAHASSEE, FLORIDA

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SANTA FE FORD
UTRADECOM
FAX: 850 521 1010

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LIMITED POWER OF ATTORNEY

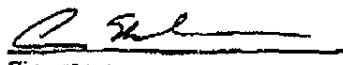
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of GENUTRADE LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 10 day of Dec, 2002.




Signature
Frank Ebel

Print Name of Signer

WITNESS:


Signature
Ann Ebel

Print Name of Witness

WITNESS:


Signature
Brian Ebel

Print Name of Witness

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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