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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

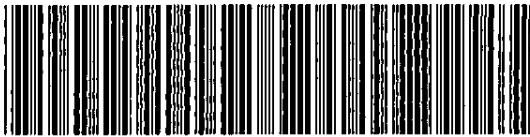
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. BRUCE
FEB 24 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treehouse Vitamins, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Justin A. Mallot, Corporate Counsel
Name of Person

Tree of Life, LLC
Firm/Company

405 Golfway West Drive
Address

St. Augustine, FL 32095
City/State and Zip Code

justin.mallot@treeoflife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kira H. Soto, Paralegal at (904) 940-2415
Name of Person Area Code & Daytime Telephone Number

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MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy



February 22, 2010

VIA FEDERAL EXPRESS

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

Re: Application by a Foreign L.L.C. for Authorization to Transaction Business in Florida
Treehouse Vitamins, LLC & Tree of Life Logistics, LLC

Dear Sir or Madame:

Enclosed please find the following original items for filing with the Division of Corporations:

TREEHOUSE VITAMINS, LLC (in duplicate)


1. Cover Letter;
2. Application for authorization to transact business in Florida;
3. Certificate of Designation of Registered Agent / Registered Office;
4. Certificate of Good Standing issued by Delaware (domestic state) 2/2/2010; and
5. Check No. 452603 in the amount of \$130 payable to your order.

TREE OF LIFE LOGISTICS, LLC (in duplicate)

1. Cover Letter;
2. Application for authorization to transact business in Florida;
3. Certificate of Designation of Registered Agent / Registered Office;
4. Certificate of Good Standing issued by Delaware (domestic state) 2/2/2010; and
5. Check No. 452602 in the amount of \$130 payable to your order.

If the enclosures meet with your satisfaction, kindly register these companies to do business in the State of Florida and return acknowledgements to my attention at the address provided. If you should have any questions or concerns related to this filing, please do not hesitate to contact me by telephone (904) 940-2415 or email kira.soto@treeoflife.com.

Sincerely,


Kira H. Soto
Paralegal

Encls.

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION 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:

1. Treehouse Vitamins, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware, USA 3. 26-3998197
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/3/1986 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 900 N. Schmidt Road
Romeoville, IL 60446
(Street Address of Principal Office)

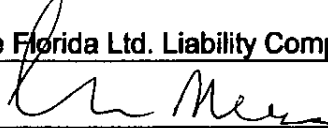
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
Christopher Meyers, 900 N. Schmidt Road, Romeoville, IL 60446

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TALLAHASSEE, FLORIDA

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: To engage in any lawful activity permitted by the Florida Ltd. Liability Company Act to the extent allowed by DE law


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.)

Christopher Meyers
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:

Treehouse Vitamins, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

CT Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
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, Florida Statutes.

Barbara A. Burke
(Signature)

Barbara A. Burke
Special Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TREEHOUSE VITAMINS, 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 SECOND DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4642624 8300

100101727



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7794154

DATE: 02-02-10