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FLORIDA LIMITED LIABILITY CO.
Advanced Nutritional Sciences L.L.C.

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ADVANCED NUTRITIONAL SCIENCES L.L.C.

ARTICLE II ADDRESS

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

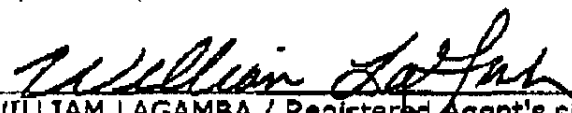
34911 U.S HWY 19 N SUITE 600
PALM HARBOR, FLORIDA 34684

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

WILLIAM LAGAMBA
34911 U.S HWY 19 N SUITE 600
PALM HARBOR, FLORIDA 34684

Having been named as registered agent 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.

x 
WILLIAM LAGAMBA / Registered Agent's signature

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PAGE 2 ADVANCED NUTRITIONAL SCIENCES L.L.C.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

WILLIAM LAGAMBA

34911 U.S HWY 19 N SUITE 600

PALM HARBOR, FLORIDA 34684

MANAGING MEMBER

JAIME RIOS

34911 U.S HWY 19 N SUITE 600

PALM HARBOR, FLORIDA 34684

MANAGING MEMBER

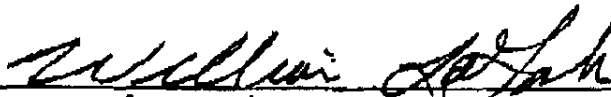
MIKE MOYER

34911 U.S HWY 19 N SUITE 600

PALM HARBOR, FLORIDA 34684

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x 

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.


PRINTED NAME OF SIGNEE

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