



W. Bart Meacham, Esquire

412 E. Madison St., Suite 1111

Tampa, Florida 33602

(813) 223-6334; (813) 221-2182 (facsimile)

November 23, 1999

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Natural Body Perfection, LLC
Natural Body Perfection, Ltd.

600003055656--1
-11/29/99--01128--019
****140.00 ****140.00

Dear Sir/Madam:

Enclosed are an original and a copy of the Certificate of Limited Partnership of Natural Body Perfection, Ltd., an original and a copy of the Affidavit of Capital Contributions of Florida Limited Partnership, and a check in the amount of \$140.00 for the filing fee, designation of registered agent fee, and certified copy fee.

Also enclosed are an original and a copy of the Articles of Organization for Florida Limited Liability Company for Natural Body Perfection, LLC and a check in the amount of \$160.00 for the filing fee, designation of registered agent fee, certified copy fee, and certificate of status fee.

Please return the certified copies and the certificate of status to me via the enclosed self-addressed stamped envelope. Should you need anything further, or have any questions, please contact me at your earliest convenience.

Sincerely,

W. Bart Meacham

Enclosure: SASE; original and copy of the Certificate of Limited Partnership of Natural Body Perfection, Ltd.; original and copy of the Affidavit of Capital Contributions of Florida Limited Partnership; check in the amount of \$140.00; original and copy of the Articles of Organization for Florida Limited Liability Company for Natural Body Perfection, LLC; and check in the amount of \$160.00

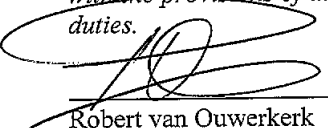
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

121-99

**CERTIFICATE OF LIMITED
PARTNERSHIP OF NATURAL BODY PERFECTION, LTD.**

The undersigned agent of Natural Body Perfection, Ltd. hereby executes and swears to the following information contained within this Certificate of Limited Partnership:

1. The name of the Limited Partnership is "Natural Body Perfection, Ltd."
2. The business and mailing address of the Limited Partnership is 2119 Boot Lake Circle, Tampa, FL 33612.
3. The name and the Florida street address of the registered agent of the Limited Partnership are Robert van Ouwerkerk, 2119 Boot Lake Circle, Tampa, FL 33612.
4. *Having been named as registered agent and to accept service of process for the above stated limited partnership 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.*


Robert van Ouwerkerk


5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2040.
6. The name and address of the only general partner is:

Natural Body Perfection, LLC ✓ L9900000838
2119 Boot Lake Circle
Tampa, FL 33612.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 23RD day of NOVEMBER, 1999.

General Partner:


Robert van Ouwerkerk, as a member and authorized agent of Natural Body Perfection, LLC

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

**AFFIDAVIT OF CAPITAL
CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Natural Body Perfection, Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partnership is \$100.00.


The total amount contributed and anticipated to be contributed by the limited partners at this time is \$100.00. It is anticipated at this time that no additional contributions will be made.

Signed this 23RD day of NOVEMBER, 1999.

FURTHER AFFIANT SAYETH NOT

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner:



Robert van Ouwerkerk, a member and authorized agent of Natural Body Perfection, LLC

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

I hereby certify that on this day, before me, a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared Robert van Ouwerkerk who is personally known to me or produced a drivers license as identification and who signed this in my presence.

Witness my hand and seal in the county and state named above this 23RD day of NOVEMBER, 1999.

 Deborah A Bolduc-Taylor
My Commission CC613894
Expires March 28, 2003

Deborah A Bolduc-Taylor
Notary Public, Commission No.

Deborah A Bolduc-Taylor

(Notary name: typed, printed or stamped)

99 NOV 29 PM 2:00
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE