

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L010000 D22583

CONTACT: CINDY HICKS

600004740856--6
-12/27/01--01019--018
****155.00 ****155.00

DATE: 12-27-01

REF. #: 0174.4070

CORP. NAME: T.S. Industries, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

Effective Date
01-01-02

01 DEC 27 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FL CRIDA

APPROVED
AND
FILED

STATE FEES PREPAID WITH CHECK# 3211 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

NOTARIAL PUBLIC
DIVISION OF CORPORATION
60-01 MW 22 330 10
01 DEC 27 AM 10:09

RECEIVED

JB
12-27-01

Examiner's Initials

ARTICLES OF ORGANIZATION

NATURAL HEALTH RESOURCES, L.L.C.,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

NATURAL HEALTH RESOURCES, L.L.C.

ARTICLE II EFFECTIVE DATE

The effective date of the Limited Liability Company is January 1, 2002.

ARTICLE III PRINCIPAL OFFICE

The street address and mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

P.O. Box 19109
Sarasota, Florida 34276

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Todd Smith

3940 Red Rock Way
Sarasota, Florida 34231

ARTICLE V MANAGEMENT AND POWERS

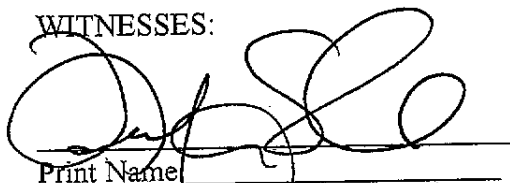
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

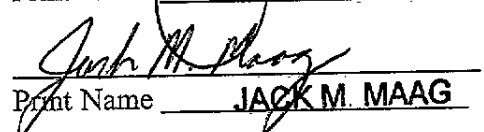
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

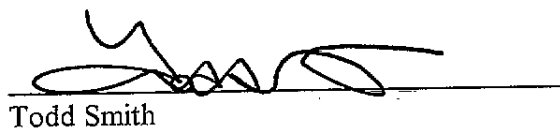
APPROVED
AND
FILED

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
26th day of December, 2001.

WITNESSES:


Print Name _____


Print Name JACK M. MAAG


Todd Smith

"MANAGER"

APPROVED
AND
FILED

01 DEC 27 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the 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:

NATURAL HEALTH RESOURCES, L.L.C.

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

Todd Smith
3940 Red Rock Way
Sarasota, Florida 34231

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 12/26/01



Todd Smith

"REGISTERED AGENT"

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 27 PM 12:53

APPROVED
AND
FILED