Erica Hechler, MS, RD, CDE, LD 1616 Oviedo Grove Circle #5 Oviedo, Florida 32765

407.312.5462

February 18, 2002

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

400004980584--5 -02/21/02--01026--008 ****125.00 ****125.00

Dear Sir or Madam:

Enclosed please find the completed application of Articles of Organization for ORLANDO NUTRITION CONSULTANTS. I am applying for the formation of a limited liability company. I have enclosed a check for \$125.00 for the filing fee and designation of a registered agent. Please contact me at the above number if you have any questions. Thank you for your consideration.

Sincerely,

Erica Hechler

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** ARTICLE 1 - Name: The name of the Limited Liability Company is: Orlando Nutrition Consultants, LLC **ARTICLE II - Address:**

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

1616 Oviedo Grove circle #5 Oviedo, R 32765	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are: Vlando Co Evica Hechler Name Virial Notedo Grove Circle 45 Florida street address (P.O. Box NOT acceptable) Oviedo S 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. Registered Agent's Signature	DIVISIO DIVISIO
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member.	RETARY OF STATE
(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.) Evica Hech ep- 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 Conv. (Options)	

\$ 5.00 Certificate of Status (Optional)