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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

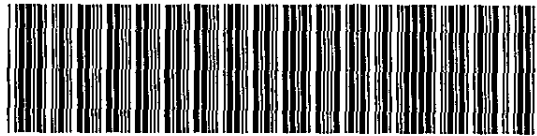
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DIVISION OF CORPORATIONS
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LC 09/08/04

Sp

**INNOVATIVE FORMULAS LLC
301 TURNER ST.
CLEARWATER, FL 33756**

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL
32399

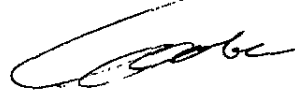
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Dear Sirs,

Enclosed please find our Articles of Incorporation, as well as a copy of the EIN letter from the IRS, and a copy of the Memorandum of Understanding between the partners of the LLC.

If any questions, please contact me. The best number to contact me is at Lifeworks Wellness Center, 727-466-6789. The mailing address is as above – 301 Turner St., Clearwater, FL 33756. I do bookkeeping for Mr. Uri Minkoff and can assist in any questions regarding the application.

Sincerely,



Kate Draznin
Treasury Manager

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Formulas, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Uri Y. Minkoff
(Name of Person)

Yehuda Limited Partnership
(Firm/Company)

% 301 Turner Street
(Address)

Clearwater, Florida 33756
(City/State and Zip Code)

For further information concerning this matter, please call:

Kate Draznin at (727) 466-6789
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Innovative Formulas, LLC

ARTICLE II - Address:

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

Principal Office Address:

301 Turner Street
Clearwater, FL 33756

Mailing Address:

301 Turner Street
Clearwater, FL 33756

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Uri Minkoff

Name

403 Edgewood Ave.

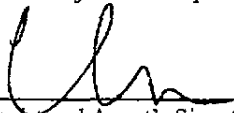
Florida street address (P.O. Box **NOT** acceptable)

Clearwater, FL FLORIDA

City, State, and Zip

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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..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Bill Huggins
Physicians Natural Solutions
972 Draw St. Ste. 104 Clearwater 33755

MGRM

Uri Minkoff
Yehuda LP
403 Edgewood Ave. Clearwater 33755

MGRM

David Minkoff
Minkoff Holdings
404 Edgewood Ave. Clearwater 33755

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Uri Minkoff

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 Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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