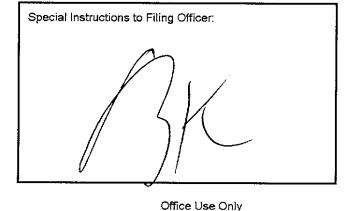
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	(Requestor's Name)
-	(Address)
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	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
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The Part of the Pa ACCOUNT NO. : 072100000032 REFERENCE: 974812 5490A AUTHORIZATION: atricia liguto COST LIMIT : \$ 155.00 ORDER DATE: November 16, 2004 ORDER TIME : 3:53 PM ORDER NO. = := 974812-005 CUSTOMER: Ms. Kathleen Kennedy Mastriana & Christiansen Suite 200 1500 North Federal Highway Fort Lauderdale, FL 33304 DOMESTIC FILING NAME: SPORTS NUTRITION DEPOT, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ___ ARTICLES OF ORGANIZATION____ PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AFTICLE I - Name:

The name of the Limited Liability Company is: SPORTS NUTRITION DEPOT, LLC

RTICLE II - Address:

omny isata of the control of the con The mailing address and street address of the principal office of the Limited Liability Co 3750 PARK CENTRAL BODLEVARD NORTH POMPANO BEACH, FLORIDA 33064

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

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

F. RONALD MASTRIANA, ESQ. Name 1500 NORTH FEDERAL HIGHWAY SUITE 200 Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDALE
FI 33304 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

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 effective date is requested)

> > Signature of a memiler 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.)

F. RUNALD MASTRIANA, ESO

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)