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(Requestor's Name)

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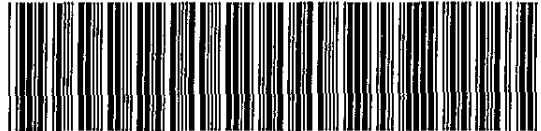
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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Functional Nutrition, LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☒ Foreign Corp. File
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- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

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**ARTICLES OF ORGANIZATION OF
FUNCTIONAL NUTRITION LLC
a Florida
LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certify that:

ARTICLE I

Name:

The name of the Limited Liability Company is:

FUNCTIONAL NUTRITION LLC

ARTICLE II

Address:

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

**7007 DeMedici Circle
Delray Beach, FL 33446**

ARTICLE III

Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

Management:

The Limited Liability Company is to be managed by the members. The names and addresses of the initial managing members are:

**Dr. Ralph Jackson
9 Island Avenue
Miami Beach, FL 33139**

**Sy Berkowitz
7007 DeMedici Circle
Delray Beach, FL 33446**

ARTICLE V

Admission of Additional Members:

The members shall have the right to admit additional members only upon the unanimous consent of all members.

ARTICLE VI

Members Rights to Continue Business:

The remaining members of the limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, but neither the estate of any member, nor any member's heir, beneficiary or devisee shall become a member without the unanimous consent of all members.

ARTICLE VII

Regulations

Any Regulations (as defined in Section 608.402(13) of the Act), relating to this Limited Liability Company must be in writing and signed by all of the Members.


ARTICLE VIII

Designation of Registered Agent

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

**Sy Berkowitz
7007 DeMedici Circle
Delray Beach, FL 33446**

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act this 6th day of June, 2005. In accordance with Section 608.408(3), Florida Statutes, the execution of the above constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Sy Berkowitz, Member

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE
OF
FUNCTIONAL NUTRITION LLC**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.**

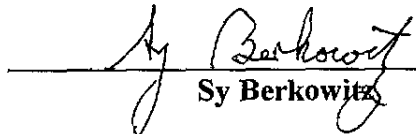
1. The name of the Limited Liability Company is:

FUNCTIONAL NUTRITION LLC


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

**Sy Berkowitz
7007 DeMedici Circle
Delray Beach, FL 33446**

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.



Sy Berkowitz



Date