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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104652003400

Phone : (516) 935-3940

Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Naturally Yours LLC

Certificate of Status	1
Certified Copy	Q
Page Count	02
Estimated Charge	\$130.00

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9/21/2005

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is: Naturally Yours LLC

ARTICLE II - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3376 Drew Court

Middleburg, FL 32068

Middleburg, FL 32068

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida atreet address of the registered agent are:

Anna Policy			is.		
]	Name				
3376 Drew Court		m,			
(P.O. Box or Mail D	тор Вох	NOT Acc	eptable)		
Middlebury, FL 320	58			<u></u>	
(City/3		p)			

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 - Anna Polley

*i*2. •

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	- Manager(s) or Managing Member(s): dress of each Manager or Managing Member is as follows:	1100000
<u>Title:</u> "MGR"=Manage "MGRM"=Mana		÷
MGRM	Anna Polley-3376 Drew Court, Middleburg, FL 32068	
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	and the property of the second	
	とものが有機に変化を 表示的は、表示とは、中 の主が変化しない。 とものが有機に変化を 表示的は、表示とは、中 の主が、	,
REQUIRED SIG	Signature of a member or 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 fastated herein are true.)	
	Anna Polley	o §
	Typed or printed name of signee	SECRETARY WISION OF COL