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TO:

Registration Section Division of Corporations

2005 DEC 19 P 2: 18

SUBJECT: Dr. Pinkus Naturals, LL	C _se	CRETARY OF STATE
	ted Liability Company)	TAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Michael Pinkus		
Microsoft Innac	(Name of Person)	
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
331 Windward Island		
	(Address)	
Clearwater, FL 33767		
	ty/State and Zip Code)	
For further information concerning this matter, pleas	e call:	
Nick Romer	at (612) 366-6342	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	· -

Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dr. Pinkus Naturals, LLC (Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC." or "L.C.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
331 Windward Island	SAME
Clearwater, FL 33767	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Nick Romer	
Name	
4336 14th Place	
Florida street add	ress (P.O. Box NOT acceptable)
Vero Beach, FL 32966 City, State, a	FL nd 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 (REOUIRED)

(CONTINUED)
Page 1 of 2

Title:	Name and Address:	LUOS OF
"MGR" = Manager		- SEO.
"MGRM" = Managing Member		TALLERETA
		-na4s
MGRM	Michael Pinkus	
	331 Windward Island	
	Clearwater, FL 33767	
		
		
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(Use attachment if necessary) LE V: Effective date, if other than the frective date is listed, the date must be days after the date of filing.)	e date of filing:	(OPTIONAlive business days
LE V: Effective date, if other than the ffective date is listed, the date must be	e date of filing:be specific and cannot be more than f	(OPTIONAlive business days
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: be specific and cannot be more than for the specific and cannot be more than for an authorized representative of a me	ive business days
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	be specific and cannot be more than for the specific and cannot be more than for an authorized representative of a me ection 608.408(3), Florida Statutes, the execustitutes an affirmation under the penaltics of p	mber.

\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

\$ 30.00 Certified Copy (Optional)

of Registered Agent