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Florida Department of State
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Healthful Being, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Healthful Being, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Healthful Being, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3195 U.S. Highway 98 N, Lakeland, Florida 33805.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: James Berry, 6422 Myrtlewood Dr, Lakeland, Florida 33810. Located in the County of Polk.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

James Berry, 6422 Myrtlewood Dr, Lakeland, Florida 33810
Rosemarie Berry, 6422 Myrtlewood Dr, Lakeland, Florida 33810



Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

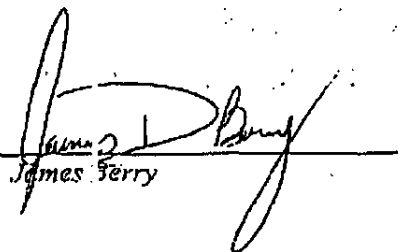
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Healthful Being, LLC**

The name and address of the registered agent and office is James Berry, 6422
Myrtlewood Dr, Lakeland, Florida 33810. Located in the County of Polk.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature:


James Berry

Date:

1/29/07

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