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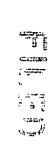
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SECRETARY OF STATE ALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Worldwide Diabetic Health & Nutre (Name of Limited Liability Company)	<u>zition</u> Ce
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert Krebs	
(Name of Person)	
(Firm/Company)	
19 S. Dixie Huy	. se
(ddress)	
Lake Worth FL 33460 (City/State and Zip Code)	2
(City/State and Zip Code)	9 B 7
For further information concerning this matter, please call:	OF STATE B
Robert Krebs at 561, 807. 6934	
Robert Krebs at (561) 807. 6934 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigsquare \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee \$\bigsquare \text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Status &
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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Worldwide Diabetic Health & Nutrition Center LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an in business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	07 SE
Robert Krebs	TO MAR ECRETA
Name	· SS = - Commo
Florida street address (P.O. Box <u>NOT</u> acceptable)	2 AMII:
Lake Worth FL 33460 City, State, and Zip	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Sunny Isles Brach FL 37160-4255 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member 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.) Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)