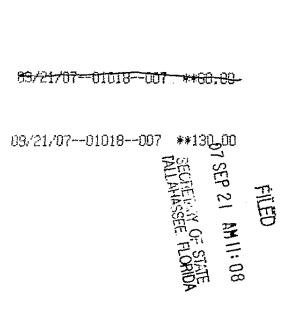


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Office Use Only





COVER LETTER

TO:	Registration : Division of C					
SURI	SUBJECT: Nature's Side LLC					
0000		(Name of Limited L	iability Company)			
The en	closed Articles	of Organization and fee(s) are subn	nitted for filing.			
Please	return all corres	pondence concerning this matter to	the following:			
		Howard	d Johnston			
		- (Nan	ne of Person)			
Nature's Side LLC				07		
(Firm/Company)		n/Company)	SEP			
	P.O. Box 593			至 2		
	(Address)		SEP 21 AN II: UO			
Indiantown/FL 34956		SIR U				
		(City/Sta	te and Zip Code)	Diri o		
For fur	ther information	concerning this matter, please call	l:			
	Howa	ard Johnston	772 , 214-475	57		
	(Nam	e of Person)	(Area Code & Daytime Te	lephone Number)		
Enclos	sed is a check f	or the following amount:				
_ \$125.	.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	s		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Limited Labinty Company is.	$\mathcal{O}(RRRR)$
	EFFECTIVE DATE
Nature's Signature	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	0.
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6859 SE Amyris CT	P.O. Box 593 From FL 34956
Stuart, FL 34997	Indiantown, FL 34958
	955 08
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the server as its own Regis business entity with an active Florida registration.)	
Howard Johnston	
Name	
6659 SE Amyris CT	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Stuart, FL 34997	FL.
City, State,	and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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..

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Howard Johnston	
	P.O. Box 593	•
	Indiantown/FL 34956	
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		OT SEP 21
		平常 72 日
		263.
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B		# 11: 08 # 11: 08
		
(Use attachment if necessary)		-

ARTICLE V: Effective date, if other than the date of filing: September 17, 2007. (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.)

Howard Johnston

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)