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FLORIDA/FOREIGN LIMITED LIABILITY

Quantum Wellness Products LLC

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ARTICLES OF ORGANIZATION Quantum Wellness Products LLC

ARTICLE I

The name of the limited liability company shall be: Quantum Wellness Products LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2901 S.W. 149th Avenue Suite 140, Miramar, Florida 33027.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Ahmed Shelash, 2901 S.W. 149th Avenue Suite 140, Miramar, Florida 33027. Located in the County of Broward.

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 name and address of the member of the Limited Liability Company is:

Ahmad Shelash, 2901 S.W. 149th Avenue Suite 140, Miramar, Florida 33027

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717.

(608) 827-5300

FAX AUDIT # HOTOOD 2913933

Date: October 26, 2007

FAX AUDIT # HOTOCO 2913933

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: Quantum Wellness Products LLC

The name and address of the registered agent and office is Ahmed Shelash, 2901 S.W. 149th Avenue Suite 140, Miramar, Florida 33027. Located in the County of Broward.

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:

Ahmert Chelash

Date: 12/4/67

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SECRETARY OF STATE
TALLAHASSEE ENGRE