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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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MATURE FORCE NUTRITIONALS, LLC	OR FEB 22 PH 3: 21 SECRETARY OF SUP TALLAHASSEE, FLOO
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	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
Requested by:	Driving Record  UCC 1 or 3 File
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UCC 11 Retrieval

## ARTICLES OF CORRECTION FOR

#### FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to Section 608.4115 F.S., this document is being submitted <u>within the</u> required 30 business days to correct the <u>attached</u> Articles Of Organization or application to transact business in Florida.

FIRST:

The name of the Limited Liability company is:

#### NATURE FORCE NUTRITIONALS, LLC

### CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the LLC is correct with the exception of how it is to be formatted.

The correction is: NatureForce Nutritionals, LLC, so that the "N" and the "F" are capitalized and made into one (1) word, instead of two (2), as previously submitted.

<u>OR</u>

	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated	: 11 <sup>th</sup> February 2008
	Signature of a member of authorized representative of a member

Typed or printed name of signee

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLES I - Name:**

The name of the Limited Liability Company is: Nature Force Nutritionals, LLC

#### ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2708 Alternate 19 North, Suite 507-2 Palm Harbor, Florida 34683 2708 Alternate 19 North, Suite 507-2 Palm Harbor, Florida 34683

ARTICLES III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the Registered Agent are:

Thomas E. Todd, Esquire
THOMAS E. TODD, P.A.
8406 Massachusetts Avenue, Suite B-3
New Port Richey, Florida 34653-3130

Having been named as registered agent and to accept service of process for the abovestated 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

ARTICLE IV - Manager(s) or Manager and address of each Manager	ging Member(s): ger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Donald V. David (MGR)	2708 U.S. Alternate 19 North. Suite 507-2 Palm Harbor, Florida 34683
ARTICLE V: Effective date, if other	than the date of filing:
REQUIRED SIGNATURE:	
Signature of a menuber or	an authorized representative of a member.
document constitutes an affirmatio	8.408(3), Florida Statutes, the execution of this n under the penalties of perjury that the facts stated herein are true.)
DOWN	o V. DAVID
Typed or	r printed name of signee