L08000022671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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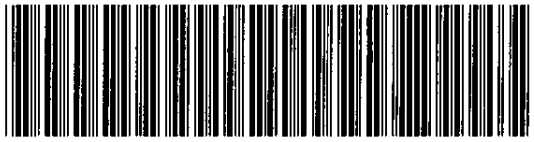

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

MAR - 4 2008

EXAMINE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUTRITIONOW, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLARICE M. MAHON
(Name of Person)

NUTRITIONOW, LLC
(Firm/Company)

38 SOUTH BLUE ANGEL PKWY PMB 199
(Address)

PENSACOLA, FL 32506
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CLARICE M. MAHON at (850) 455 6910
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

NUTRITIONOW, 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:**
9843 GINKO DR.	38 SOUTH BLUE ANGEL PKWY PMB199
PENSACOLA, FL 32506	PENSACOLA, FL 32506

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

USA-RA, LLC
Name

841 PRUDENTIAL DR. 12TH FLOOR
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FLORIDA 32207
City, State, and Zip

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

Registered Agent's Signature

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	
MGR	BUYERSMART, INC. 38 SOUTH BLUE ANGEL PKWY PMB 199 PENSACOLA, FL 32506
MGRM	CLARICE M. MAHON 38 SOUTH BLUE ANGEL PKWY PMB 199 PENSACOLA, FL 32506

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

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.)

CLARICE M. MAHON
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)