

L U800000 73473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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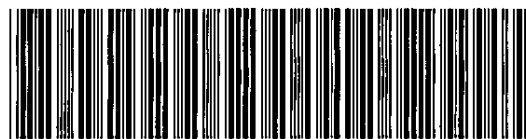
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
08 JUL 30 PM 3:53  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 31 2008

EXAMINER

FILED  
08 JUL 30 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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July 30, 2008

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Natural Nutrition Source, LLC

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION  
OF THE  
NATURAL NUTRITION SOURCE, LLC**

**Introduction and Preliminary Statements**

The undersigned Member and Organizer of the Limited Liability Company hereby formed under the provisions of Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby adopt the following Articles of Organization for the Limited Liability Company:

**FILED**  
**08 JUL 30 AM 10:15**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**

**Section 1.01 Name**

The name of the limited liability company, referred to as the "Company", is: NATURAL NUTRITION SOURCE, LLC.

**Section 1.02 Objects and Purposes**

The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Limited Liability Company Act, Florida Statutes Chapter 608, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**Section 1.03 Principal Office**

The street address and mailing address of the Principal Office of NATURAL NUTRITION SOURCE, LLC is: 5232 Willow Court, Cape Coral, Florida 33904.

**Section 1.04 Registered Agent**

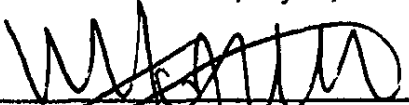
The name of the Registered Agent is MATTHEW A. TAVRIDES whose street address is: 1560 Orange Avenue, Suite 200, Winter Park, Florida 32789

**Section 1.05 Management**

The business of NATURAL NUTRITION SOURCE, LLC shall be conducted under the management of its Manager. The name and address of the initial Manager are:

LELIA T. GIBSON  
5232 Willow Court  
Cape Coral, Florida 33904

**IN WITNESS WHEREOF**, the Member has executed and acknowledged the Articles of Organization on this date, July 30, 2008.

  
\_\_\_\_\_  
MATTHEW A. TAVRIDES, Authorized Representative of Member

## **REGISTERED AGENT CONSENT**

I, MATTHEW A. TAVRIDES, having been named as Registered Agent for NATURAL NUTRITION SOURCE, LLC, a Florida Limited Liability Company, voluntarily consent to serve as Registered Agent for NATURAL NUTRITION SOURCE, LLC.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Limited Liability Company Act, Florida Statutes Chapter 608, and I hereby accept those duties and responsibilities.

Dated: July 30, 2008.

  
MATTHEW A. TAVRIDES, Registered Agent