

Sep. 20 4 11 PM

LD8000083709

No 4379 Pa. of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000207322 3)))



H0800020732234BCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE & KRASKER, P.A.
Account Number : T20060000039
Phone : (561) 659-7500
Fax Number : (561) 659-1789

08 SEP -3 AM 10:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PURE WELLNESS GLOBAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
08 SEP -3 AM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS
Help

SEP - 4 2008

EXAMINER
9/3/2008

**ARTICLES OF ORGANIZATION
OF
PURE WELLNESS GLOBAL, LLC**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is PURE WELLNESS GLOBAL, LLC (the "Company").

ARTICLE II

This limited liability company shall have perpetual existence from the date of filing these Articles with the Department of State unless sooner terminated by law.

ARTICLE III

The mailing address and street address of the principal place of business of the Company is 625 N. Flagler Drive, Floor 9, West Palm Beach, FL 33401. The Company may, at its discretion, at any time, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this Company are as follows:
Martin V. Katz, 625 N. Flagler Drive, 9th Floor, West Palm Beach, FL 33401.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 3rd day of September, 2008.

**AUTHORIZED REPRESENTATIVE OF
MEMBER**


MARTIN V. KATZ

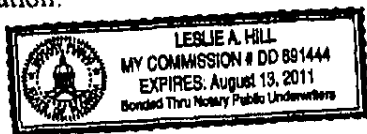
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP -3 AM 10:00

FILED

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 3rd day of September, 2008,
by Martin V. Katz, who is personally known to me, OR has produced _____
as identification.



(NOTARY STAMP)

[Signature]
Notary Name: _____
Notary Public

I am familiar with and hereby acknowledge and accept the obligations of the Registered
Agent of PURE WELLNESS GLOBAL, LLC.

[Signature]
MARTIN V. KATZ
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP -3 AM 10:00

FILED