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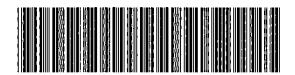
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Office Use Only

B. KOHR

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EXAMINER

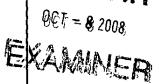


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B. KOHR



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FALLAHASSEE FLORINA

CAPITAL CONNECTION, INC.

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

Mag My Nutrition LLC	PILED PH 4: 45
t.	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File
	Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name
Signature	Corp Record Search Officer Search Fictitious Search Fictitious Owner Search
Requested by: Time Name Date Time	Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR

MagMi Nutrition LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is MagMi Nutrition LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 609 S.W. 16th Court, Fort Lauderdale Florida, 33315.

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Barry S. Mittelberg 1700 N. University DR; Suite 300, Coral Springs, FL 33071.

ARTICLE IV: MANAGING MEMBERS & MEMBERS

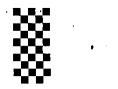
The name and address of the initial Managing Members and Members of the company are:

Jeffrey Thomas, Managing Member., 609 S.W. 16th Court, Fort Lauderdale Florida, 33315.

The undersigned has executed these Articles of Organization this 7th day of October 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

Authorized Representative



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608,415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is:	Maghi 1	Wtertion	lic
2. The name and address of the recommendation with the contraction of the recommendation	egistered agent and off	ice is: Barry	5. Mottelburg

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.

Bys. M