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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY C

NATURE'S SELECT FOOD GROUP, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR

NATURE'S SELECT FOOD GROUP, LLC

The undersigned, for purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I
NAME

The name of the limited liability company is NATURE'S SELECT FOOD GROUP, LLC (the "Company").

ARTICLE II
PRINCIPAL OFFICE

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

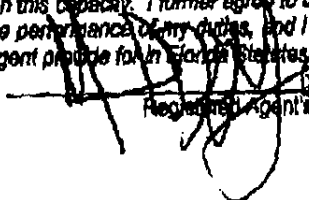
2199 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 33134

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE

The name and the street address of the Company's registered agent in Florida are:

AGI Registered Agents, Inc.
Name
1000 BRICKELL AVENUE, SUITE 300
Street Address
MIAMI, FL 33131
City, State 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 provided for in Florida Statutes Chapter 608.



Registered Agent's Signature

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**ARTICLE IV
MANAGEMENT**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

**ARTICLE V
INITIAL MANAGERS**

The initial managers shall be those individuals indicated below. This number may be increased or decreased from time to time in accordance with the Company's Operating Agreement but shall never be less than one. The name and address of the persons who shall serve as the initial managers are:

Name & Title	Address	Membership Units
Tamara Culwen Furman, Manager Member	2199 Ponce de Leon Blvd., Suite 500 Coral Gables, FL 33134	50 Units
Ronit Cohen Rentolilla, Manager Member	2199 Ponce de Leon Blvd., Suite 500 Coral Gables, FL 33134	50 Units

**ARTICLE VI
AUTHORIZED MEMBER UNITS**

The initial authorized member units shall be 150. Designations and rights of each unit shall be set forth in the Company's Operating Agreement.

**ARTICLE VII
EFFECTIVE DATE**

IN WITNESS WHEREOF, the undersigned authorized representative, in accordance with Florida Statutes Section 608.408(3), affirms under the penalties of perjury that the facts stated herein are true and, further, makes and subscribes these Articles of Organization in Coral Gables, Florida, this _____ day of February, 2008.


Signature of member or an authorized representative of a member.

TAMARA COHEN FURMAN
Print Name of Signer.

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