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Florida Department of State

Division of Corporations

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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
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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

herbal & homeopathic health, llc

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF
HERBAL & HOMEOPATHIC HEALTH, LLC**

ARTICLE I

The name of the Limited Liability Company shall: HERBAL & HOMEOPATHIC HEALTH, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The principal office of the Limited Liability Company is: 4300 BISCAYNE BOULEVARD, SUITE 305, MIAMI, FLORIDA 33137

ARTICLE IV

The name of the Managing Member(s) of this company shall be:

Managing Member/Member
NUR OZLEM ISHAKI

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ARTICLE V

The name and the Florida street address of the registered agent: ELIZABETH C. PINES, ESQ., 4300 BISCAYNE BOULEVARD, SUITE 305, MIAMI, FLORIDA 33137

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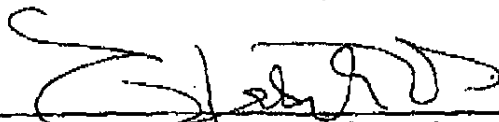
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

Elizabeth C. Pines, Esq.

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.


Registered Agent


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.)

Elizabeth C. Pines

Typed or printed name of signee

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