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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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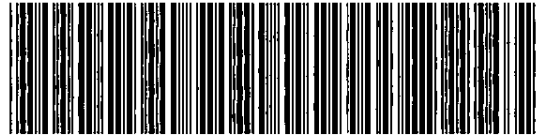
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR - 1 AM 9:38

B. KOHR

MAR - 2 2010

EXAMINER

TRANSMITTAL LETTER

FEBRUARY 22, 2010

TO: Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

SUBJECT: PA & F GLOBAL, L.L.C

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The enclosed original and copy of the Articles of Organization and fee(s) - \$130.00 for Filing Fees (Check No. 4213) are submitted for filing. Please return all correspondence concerning this matter to the following:

PA & F GLOBAL, L.L.C  
3655 Rosehaven Place  
Titusville, FL 32796

Thank you for your immediate attention to this request.

Very truly yours,

  
ANGELA FRANCESCA OLIVO

FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

ARTICLE I

The Name of the Limited Liability Company is:

PA & F GLOBAL , L.L.C

ARTICLE II

The Street Address of the Principal Office of the Limited Liability Company is:

3655 Rosehaven Place, Titusville, FL 32796

Mailing Address: same as above.

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

Doing any and all lawful business associated with the promotion of good health with a vital formula consisting of the Acai berry and specially selected fruits in concentrated juice.

ARTICLE IV

The names and Florida Street Address of the Managers are:

PETER OLIVO, Manager  
3655 Rosehaven Place  
Titusville, FL 32796

ANGELA FRANCESCA OLIVO, Asso  
3655 Rosehaven Place  
Titusville, FL 32796

The name of the Registered Agent is:  
PETER OLIVO

PETER OLIVO having been named as Registered Agent and accepting service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby accept this 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

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obligations of my position as Registered Agent.

Registered Agent Signature: \_\_\_\_\_

#### ARTICLE V

The Name and Address of managing member/manager(s) is:

TITLE: Managers

PETER OLIVO and ANGELA FRANCESCA OLIVO  
3655 Rosehaven Place  
Titusville, FL 32796

#### ARTICLE VI

The effective date for this Limited Liability Company shall be:

February 22, 2010

Signatures of Members or authorized Representative Member:



PETER OLIVO

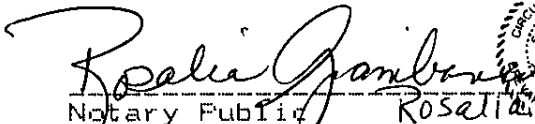
I.D.-FL DR Lic 0410-660-66-292-0



ANGELA FRANCESCA OLIVO

I.D.-FL Dr Lic 0410-003-67-603-0

SWORN TO BEFORE ME ON THIS  
26<sup>th</sup> DAY OF February, 2010  
by PETER OLIVO and  
ANGELA FRANCESCA OLIVO

  
Notary Public Rosalia Gonibares  
State of Florida at Large



DEPUTY CLERK, per F.S. 695.03/92.50  
Scott Ellis, Clerk  
Brevard County, Florida

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Scott Ellis, Clerk  
Brevard County, Florida