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To:

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Fax Number : (850) 617-6383

From:

Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC.  
Account Number : I20010000099  
Phone : (775) 884-1357  
Fax Number : (775) 882-6818

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Agents@florida-corporations.org

FLORIDA LIMITED LIABILITY CO.  
Amazon Herbals LLC

Certificate of Status	1
Certified Copy	0
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S. HAWKES  
MAR - 4 2010  
EXAMINER

RECEIVED  
10 MAR -3 AM 6:30  
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**ARTICLES OF ORGANIZATION OF  
AMAZON HERBALS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I**

**Name**

The name of the Limited Liability Company is: Amazon Herbals, LLC

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is; 20 S. Broad Street, Brooksville, FL 34601.

**ARTICLE III**

**Registered Agent**

The name of the initial resident agent and the initial address of the registered office where process may be served in the State of Florida is: Florida Business Formation, Inc., 20 S. Broad Street, Brooksville, FL 34601.

**ARTICLE IV**

**Management**

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the managers are: Nevada Client Services, Ltd, of 20 S. Broad Street, Brooksville, FL 34601.

**ARTICLE V**

**Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: limited as more particularly described in the Operating Agreement of the Company

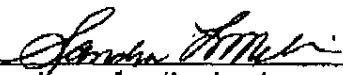
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## ARTICLE VI

### **Members Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: limited as more particularly described in the Operating Agreement of the Company

In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Signature of authorized representative or a member  
Sandra L. Miller

Dated: March 2, 2010

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,  
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY  
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1. The name of the limited company is: Amazon Herbals, LLC.
2. The name and address of the registered agent and office is:

Florida Business Formation, Inc.  
20 S. Broad Street  
Brooksville, FL 34601

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.

  
John Dunbar  
For and on behalf of:  
Florida Business Formation, Inc.

Dated: 3/2/10