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DEFARTHER OF STATE DIVISION OF CORPORATIONS FALL AHASSEE, FLORIDA

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EFFECTIVE DATE 3 22 2011

B. KOHR

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EXAMINER

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EFFECTIVE DATE 3 22-201

ION SERVICE COMPANY	ر چي کړ
ACCOUNT NO. : 12000000195	700
REFERENCE : 724473 7110815	, ် ၁
AUTHORIZATION: Spulle man	73
COST LIMIT : \$ 125.00	
ORDER DATE: March 28, 2011	
ORDER TIME : 3:01 PM	
ORDER NO. : 724473-005	
CUSTOMER NO: 7110815	
DOMESTIC FILING NAME: HEALTH & TASTY VENTURES, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Carina L. Dunlap - EXT. 2951	

EXAMINER'S INITIALS:

EFFECTIVE DATE 3 22 2011

Carina L. Dunlap Asst. Vice President

ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
HEALTHY & TASTY VENTURES, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20969 Delgado Terrace	20969 Delgado Terrace
Boca Raton, Florida 33433	Boca Raton, Florida 33433
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or another the registered agent are:
Corporation Service Co.	mnany
Name	
1201 Hays Street	
	et address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
Cit	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Corporation Service Company

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Ghazi Hajj 20969 Delgado Terrace Boca Raton, Florida 33433

(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ghazi Hajj

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)