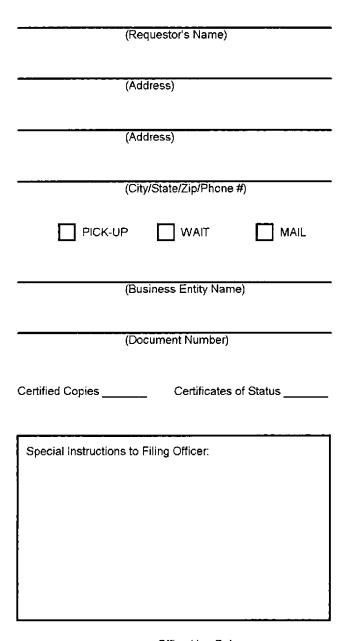
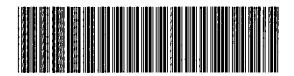
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B. BOSTICK

OCT 6 2011

EXAMINER

COVER LETTER

то:	Registratio Division of	n Section Corporations						
SUBJI	_{сст:} <u>Hea</u>	Ithy Nation, LLC				·		
		Name of Limit	ed Liability	Company				
The en	closed Article	s of Organization and fee(s) are	submitted fo	or filing.				
Please	return all corr	espondence concerning this mat	ter to the fol	lowing:				
	Otniel H	lernandez						
			Name of Per	rson				
	Healthy	Nation, LLC						
			Firm/Comp	any				
	4410 W	16 Ave Suite 56						
			Address					
1	Hialeah,	FL 33012				.,.	· · · · · · · · · · · · · · · · · · ·	
			y/State and Z	ip Code		Σ_{\subseteq}		
	ar_onerna	andez@yahoo.com E-mail address: (to be used to	for future ann	ual report notificat	tion)		11 OCT	wang p
For fur	ther informati	on concerning this matter, please			,	HASS.	<u>.</u>	Europe Function 1
Otnie	el Hernand	dez	_ _{at (} 786			<u> </u>	PH 12: 39	3.187.
	Nai	me of Person	An	ea Code & Daytim	e Telephone Num	iber SRIE	39	
Enclos	sed is a check	for the following amount:						
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	O Filing Fee & ed Copy nal copy is enclose	Certific ed) Certifie	Filing I ate of Sta d Copy al copy is e	itus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Re Di Cl 26	reet/Courier Ade egistration Section ivision of Corpor lifton Building 661 Executive Ce allahassee, FL 32	ations enter Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Healthy Nation, LLC	
(Must end with the words "Limited Liabilit	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
410 W 16 Ave Suite 56	4410 W 16 Ave Suite 56 Hialeah, FL 33012
dialeah, FL 33012	Filalean, I E 33012
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another egistered agent are:
Otniel Hernandez	
Name 4410 W 16 Ave S	uito 56
Hialeah, FL 33012	ress (P.O. Box NOT acceptable) FL ie, and Zip
City, Stat	ee, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete-per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
/ (CONTINI	IED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Otniel Hernandez, CEO	4410 W 16 Ave Suite 56 Hialeah, FL 33012
Francisco O. Soler, VP	4410 W 16 Ave Suite 56
	Hialeah, FL 33012
(Use attachment if necessary)	DE O
TICLE V: Effective date, if other than th	ne date of filing: (OPTIONAL)
an effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior
Signature of a mem	ber or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
(In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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)