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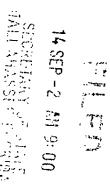
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COVER LETTER

| то: | Registration Section Division of Corporations | |
|----------|---|---|
| SUBJ | ECT: PHOOD FOR HEALTH | |
| 20110 | | imited Liability Company |
| The er | nclosed Articles of Organization and fee(s) | are submitted for filing. |
| Please | return all correspondence concerning this | matter to the following: |
| | Aline Ellis | |
| | | Name of Person |
| | Phood for health | |
| | | Firm/Company |
| | 300 71st street, suite 430 | |
| | | Address |
| | Miami Beach - Florida 33141 | |
| | | City/State and Zip Code |
| <u>a</u> | ine@sabrainternational.com E-mail address: (to be us | ed for future annual report notification) |
| For fu | ther information concerning this matter, pl | · |
| Aline | Ellis at (| 305 305-205-4879 |
| | Name of Person | Area Code Daytime Telephone Number |
| Enclos | ed is a check for the following amount: | |
| \$125.0 | 00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) [\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limite | ed Liability Company is: | | |
|--|--|---|--|
| PHOOD FOR HEAL | TH, L.L.C | | |
| 1) | Must end with the words "Limited L | iability Company, "L.L.C.," or " | LLC.") |
| ARTICLE II - Addre The mailing address an | ss: Id street address of the principal off | ice of the Limited Liability Comp | pany is: |
| Principal Office Add | ress: | Mailing Address: | |
| 300 71ST street , su | | 300 71st street suite 430 | |
| Miami Beach , FL 33 | 3141 | Miami Beach , FL 33141 | |
| (The Limited Liability another business entity | tered Agent, Registered Office, & Company cannot serve as its own R with an active Florida registration. | egistered Agent. You must desig | |
| | Aline Ellis | | |
| | Name | | |
| | 300 71st street , suite 430 | | |
| | Florida street address (P.O. Box | NOT acceptable) | |
| | Miami Beach , FL | FL 33141 Zip | |
| | City | Zip | |
| the place designate capacity. I further ag | s registered agent and to accept serv d in this certificate, I hereby accept t gree to comply with the provisions of am familiar with and accept the oblig Chapter | he appointment as registered age all statutes relating to the proper | ent and agree to act in this r and complete performance |
| | 1 € Ell> | | |
| | Registered Agent's Signatu | re (REQUIRED) | ************************************** |
| | (CONTINUE | D) | 16 SS |
| | Page 1 of 2 | | ST IN Driver |

| 300 71st street , suite 430 Miami Beach , FL 33141 [Use attachment if necessary) E.V: Effective date, if other than the date of filing: | AMBK - Authorized Member | Name and Address: | | |
|--|--|--|--|--|
| Aline Ellis 300 71st street, suite 430 Miami Beach, FL 33141 Use attachment if necessary) E. V.: Effective date, if other than the date of filing: ——————————————————————————————————— | | | | |
| 300 71st street, suite 430 Miami Beach, FL 33141 | MGR — Manager | Aline Ellis | | |
| Miami Beach , FL 33141 [Use attachment if necessary) E.V: Effective date, if other than the date of filing: | | | | |
| Use attachment if necessary) E. V: Effective date, if other than the date of filing: | | Miami Beach , FL 33141 | | |
| Use attachment if necessary) E. V: Effective date, if other than the date of filing: | | | | |
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| Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) ALINE FILIS Typed or printed name of signee | ctive date is listed, the date must be specific | and cannot be more than five business days prior to or 90. | | |
| Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) ALINE FILIS Typed or printed name of signee | ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. | c and cannot be more than five business days prior to or 90 | | |
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)