Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

Email Address:____

FLORIDA LIMITED LIABILITY CO. NATHALIIA ORGANIC PRODUCTS, LLC

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December 17, 2015

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: NATHALIIA ORGANIC PRODUCTS, LLC

REF: W15000080965

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the effective date.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By 11sting an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H15000296637 Letter Number: 115A00026397

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(EFFECTIVE JANUARY 15T, 2016)

ARTICLE I- Name

The name of the Limited Liability Company is:

NATHALIIA ORGANIC PRODUCTS, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address 5941 NW 176 STREET STE 7 HIALEAH FLORIDA 33015

Mailing Address 5941 NW 176 STREET STE 7 HIALEAH FLORIDA 33015

ARTICLES IIIOther provisions if any
ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent's Signatures)

The name and the Florida street address of the registered agent are:

PAOLO PAPARCURI 1300 SW 130 AVENUE APT F-108 PEMBROKE PINES FLORIDA 33027

Having been named as register 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 register agent and agree to act in this capacity. Y further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I um familiar With and accept the obligations of my position as register agent as provided fir in Chapter 605 FS

Registered Agent's Mgnature (REQUIRED

ARTICLES V- Manager (s) or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

PAOLO PAPARCURI

MGR' - Manager

Name Address:

PAOLO PAPARCURI 1300 SW 130 AVENUE APT F-108 PEMBROKE PINES FLORIDA 33027

ARTICLE VI: effective date, if other than the date filing 12/10/15 (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 filing)

DECLIDED SIGNATIONS

Signature of a member of an authorized representative of a member

(In accordance with section 608.408.3 Florida Statutes the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true)

PAOLO PAPARCURI