

Florida Department of State  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

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

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

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**FLORIDA LIMITED LIABILITY CO.  
HEALTHYLIVINGORIGINALS, LLC**

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K. Brumbley

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**ARTICLES OF ORGANIZATION  
OF  
HEALTHYLIVINGORIGINALS, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is HealthyLivingOriginals, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

140 Meadow Green Drive  
Davenport, FL 33837

The mailing address of the principal office of the Company is as follows:

140 Meadow Green Drive  
Davenport, FL 33837

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV  
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq.  
Shuffield, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

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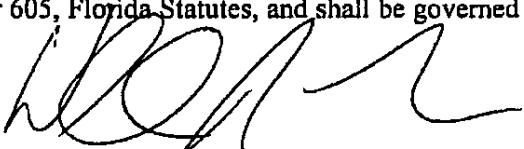
**ARTICLE V  
MANAGEMENT**

The name and address of each person authorized to manage and control the Company:

Title	Name and Address
Manager	Mollie Evans 140 Meadow Green Drive Davenport, FL 33837


**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

  
\_\_\_\_\_  
William R. Lowman, Jr., Esq., as  
Authorized Representative**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 as provided for in Chapter 605 of the Florida Statutes.*

  
\_\_\_\_\_  
William R. Lowman, Jr., Esq.