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2101 Corporate Blvd., N.W Suite 414 Boca Raton, Florida 33431

Telephone: 561-997-0000 Facsimile: 561-998-7891 Assistant: Susan Landesman

May 20, 1999

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

800002884048--8 -05/24/99--01093--019 \*\*\*\*320.00 \*\*\*\*320.00

RE: HEALTHY HEART FOODS, LLC

Dear Sir/Madam:

Enclosed, please find the original and one copy of the Articles of Organization for the above referenced limited liability corporation, together with our check in the amount of \$320.00 for filing fees.

After filing, please return one certified copy of said Articles to this office.

If you have any questions, please contact me.

Very truly yours, The Law Offices of Howard L. Schwartz, P.A.

Howard L. Schwartz HLS/sl

Healthy Heart.art.ltr

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Acknowleftement

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: HEALTHY HEART FOODS, L.L.C.

#### ARTICLE II - Address:

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

2101 Corporate Blvd. N.W. Suite 414, Boca Raton, FL 33431

#### **ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: Perpetual

# ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are:

 $\underline{X}$  The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

- 1. Howard L. Schwartz, 2101 Corporate Blvd., NW Suite 414, Boca Raton, FL 33431
- 2. Barbara De Marchi, 2727 N. Ocean Blvd., A402, Boca Raton, FL 33431
- 3. Lillian Giuffrida, 792 N.E. 33rd ST., Boca Raton, FL 33431

### ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: majority vote of all members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: granted to majority of the members.

## ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member <b>Healthy Heart</b> For L.L.C., certifies:	od)	s,	
<ol> <li>the above named limited liability company has at least one member;</li> <li>the total amount of cash contributed by the member(s) is</li> </ol>	\$ <u>3</u>	00.00	
3) if any, the agreed value of property other than cash contributed by member(s) is  (A description of the property is attached and made a part hereto.); and	\$	-0-	
4) the total amount of cash and property contributed and anticipated to be Contributed by member(s) is	\$	-0-	
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Signature of members or an authorized representative of a members.		PM 5: 00 Y OF STATE	0
(In accordance with section 608.408(3), Florida Statutes, the execution of Affidavit constitutes an affirmation under the penalties of perjury that the fasted herein are true.)	this	41.E	
Nowar Separath			

Typed of printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

T. The hance of	t the limited hability company is: Healthy Heart Foods, LLC	
2. The name a	nd the Florida street address of the registered agent are:	99 <b>)</b> SEC TALL
	Howard L. Schwartz	
	Name	FILE '24 F TARY C
	2101 Corporate Blvd. Suite 414	
	Florida street address (P.O. Box NOT acceptable)	1.5.00 STAIL
	Boca Raton, Florida 33431	Am O .
	City, State and Zip	
umuea uabuuy appointment as the provisions o	med as registered agent and to accept service of process for the company at the place designated in this certificate, I hereby accepts agent and agree to act in this capacity. I further agreful states relating to the proper and complete performance of and accept the obligations of my position as registered agent.	cept the
	Signature /	