



THE UNITED STATES
CORPORATION
COMPANY

199000007615

ACCOUNT NO. : 072100000032

REFERENCE : 474748 7197267

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 9, 1999

ORDER TIME : 2:36 PM

ORDER NO. : 474748-005

CUSTOMER NO: 7197267

CUSTOMER: Ms. Amanda J. Ellison
AMANDA J. ELLISON
AMANDA J. ELLISON
218 Mediterranean Road

Palm Beach, FL 33480

700003040407
11/10/99 01001 003
125.00 125.00

700003040407-6
-11/10/99 01001-003
****125.00 ****125.00
99 NOV 9 AM 9:13
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOMESTIC FILING

NAME: NATURAL HEALTH PRODUCTS, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS: _____

RECEIVED
99 NOV -9 PM 3:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATURAL HEALTH PRODUCTS, LLC

ARTICLE II - Address:

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

Z18 MEDITERRANEAN ROAD
PALM BEACH, FL 33480

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RALPH M. ELLISON
Name
Z18 MEDITERRANEAN ROAD
Florida street address (P.O. Box NOT acceptable)
PALM BEACH FL 33480
City, State, and Zip

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 608, F.S.

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RALPH M. ELLISON

Typed or printed name of signer

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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TALLAHASSEE FLORIDA
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