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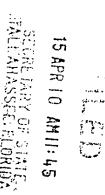
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APR 2.5 ML.

Erik W. Schwetje

757 French Avenue • Winter Park • Florida • 32789 • Telephone/Message (407) 617-8489

April 7, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations:

Please find attached the executed Articles of Organization for The Salvation Diet, LLC. Along with a \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Thank you,

Erik W. Schwetje eschwetje@gmail.com

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: The Salvation Diet, LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Erik W. Schwetje	Name of Person	
		Name of Person	
	The Salvation Diet, LLC		
		Firm/Company	
•			
	757 French Avenue		
		Address	
	Winter Park. Florida 32789-5023	City/State and Zip Code	
		Ony/State and Zip Code	
es	chwetie@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
	· ·	-	,
For fur	ther information concerning this matter, ple	ase call:	
Erik W	/. Schwetje at (407) 617-8489 Area Code Daytime Te	lephone Number
	rame of reson	Area Code Daytine re	icphone Number
Enclose	ed is a check for the following amount:		
	-	Date of Bull B	Пат со со во ви
EJ \$ 125.0	0 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Manual Allera	04 v 4/0 v 1	
	Mailing Address Registration Section	Street/Courier Adda Registration Section	ress
	Division of Corporations	Division of Corporat	ions
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	ter Cirola

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company is:		
The Salvation Diet, LL			
(Mı	ist end with the words "Lim	nited Liability Company, "L.L.C.," or "Ll	LC.")
ARTICLE II - Address	•		
The mailing address and	street address of the princip	oal office of the Limited Liability Compar	ny is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
757 French Avenue		757 French Avenue	
Winter Park, Florida 3	2789-5023	Winter Park, Florida 32789-50)23
(The Limited Liability Co		ice, & Registered Agent's Signature: own Registered Agent. You must designaration.)	ate an individual or
The name and the Florida	street address of the registe	ered agent are:	
a _	rik W. Schwetje		
	Na	ame	
.7	57 French Avenue		
j	Florida street address (P.O.	Box NOT acceptable)	
V	Vinter Park	FL 32789	
	City	Zip	
the place designated i capacity. I further agre	n this certificate, I hereby ac te to comply with the provision familiar with and accept the	ot service of process for the above stated licept the appointment as registered agent ons of all statutes relating to the proper are obligations of my position as registered chapter 605, F.S	and agree to act in this nd complete performance
	9	Andrew Control of the	F 5
		>	>2 >
	Registered Agent's Si	ignature (REQUIRED)	
	(CONTI	(NUED)	
	Page 1	1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Christopher Michael Haddad
AMUD	Christopher Michael Haddad
	2405 Federal Avenue E
	Seattle, Washington 98102
AMBR	Aaron Brabham
	757 French Avenue
	Winter Park, Florida 32789-5023
AMBR	Erik W. Schwetie
	757 French Avenue
	Winter Park, Florida 32789-5023
ffective date is listed, the date must be s	te of filing: <u>April 7, 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) LE VI: Other provisions, if any.	te of filing: <u>April 7, 2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
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LE V: Effective date, if other than the dataffective date is listed, the date must be set of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info constitutes a third degree felocement.	pecific and cannot be more than five business days prior to or 90 day nember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

ARTICLE IV-