Apr 18 201 8:47PM ? LAS ET AX P

L11000045941

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H11000102848 3)))

H11000102848 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 APR 18 AM 9 31

FILED

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.

Advanced Nutritional Sciences L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

RECEIVED
11 APR 18 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
APR 19 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H11000102848 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ADVANCED NUTRITIONAL SCIENCES L.L.C.

FILED
2011 APR 18 PM 3:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II ADDRESS

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

34911 U.S HWY 19 N SUITE 600

PALM HARBOR, FLORIDA 34684

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

WILLIAM LAGAMBA

34911 U.S HWY 19 N SUITE 600

PALM HARBOR, FLORIDA 34684

Having been named as registered agent 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.

x _____

WILLIAM LAGAMBA / Registered Agent's signature

H11000102848 3

PAGE 2 ADVANCED NUTRITIONAL SCIENCES L.L.C.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
WILLIAM LAGAMBA
34911 U.S HWY 19 N SUITE 600
PALM HARBOR, FLORIDA 34684

MANAGING MEMBER
JAIME RIOS
34911 U.S HWY 19 N SUITE 600
PALM HARBOR, FLORIDA 34684

MANAGING MEMBER
MIKE MOYER
34911 U.S HWY 19 N SUITE 600
PALM HARBOR, FLORIDA 34684

FILED
2011 APR 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X _____

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.

William LaGamba
PRINTED NAME OF SIGNEE