

L0000000/2402

Cooper, Byrne, Blue & Schwartz
Requestor's Name

1358 THOMASWOOD DRIVE
Address

TALLAHASSEE, FL 32312 850-553-4300
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Optimal Health Products, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #) 100003422091--2
-10/12/00--01001--009
****130.00 ****130.00

4. _____ (Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☒ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

00 OCT 11 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

JP 10-12-00

ARTICLES OF ORGANIZATION
OF
OPTIMAL HEALTH PRODUCTS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is OPTIMAL HEALTH PRODUCTS, LLC (hereinafter referred to as the "Company").

1. **PERIOD OF DURATION.**

The period of duration of the Company shall be from the date of filing of its Articles of Organization until the first to occur of the following:

- (i) The date that is seventy-five (75) years from the date of filing of the Articles of Organization with the Department of State, State of Florida; or
- (ii) Dissolution of the Company pursuant to the provisions of the Florida Limited Liability Act; or
- (iii) By the mutual written agreement of a majority in capital interest of the Members.

2. **PURPOSE.**

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

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3. **ADDRESS OF PLACE OF BUSINESS.**

The mailing address and the street address of the place of business for the Company is 12472 Lake Underhill Road, #275, Orlando, Florida 32828. Such address may be changed from time to time as provided in the Operating Agreement.

4. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is Kalpna Patel and the initial registered office is located at 12472 Lake Underhill Road, #275, Orlando, Florida 32828.

5. **CAPITAL CONTRIBUTIONS.**

Contributions to the capital of the Company shall be made by the Members, from time to time, in the manner prescribed by a written Operating Agreement to be made and entered into by the Members, and which may be amended from time to time in accordance with its terms.

6. **MEMBERS.**

The Company shall have at least one (1) Member, and may admit additional members upon the prior unanimous written agreement of the then existing Members, or as otherwise provided in the Operating Agreement.

7. **CONTINUITY OF BUSINESS.**

Upon 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 Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

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8. **MANAGEMENT.**

The Members may elect one or more managers in the manner provided in the Operating Agreement. Any such Manager shall have the powers and authority expressly granted under the Operating Agreement. The initial Manager is Kalpna Patel.

9. **INDEMNIFICATION.**

Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any Member, Manager, former Member or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, in the 9th day of October, 2000.

OPTIMAL HEALTH PRODUCTS, LLC,
a Florida limited liability company

BY: *Kalpna Patel*
Kalpna Patel, Member/Manager

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 9th day of October, 2000, by Kalpna Patel, as Member and Manager of Nutrihealth International, LLC, (☒) who is personally known to me or (☐) who has taken an oath.



Gary Warren
NOTARY PUBLIC - STATE OF FLORIDA
PRINT, TYPE OR STAMP NAME OF
NOTARY PUBLIC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACCEPTANCE BY REGISTERED AGENT

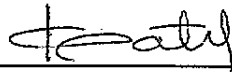
Having been appointed the registered agent of OPTIMAL HEALTH PRODUCTS, LLC,
the undersigned accepts such an appointment, agrees to act in such capacity and accepts the
obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously
designated as registered agent by OPTIMAL HEALTH PRODUCTS, LLC.

Executed this 9th day of October, 2000.



Kalpna Patel, REGISTERED AGENT

**FOR THE LIMITED LIABILITY
COMPANY:**

BY: 

Kalpna Patel, MANAGER

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OF
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Executed at Tallahassee, Florida, in the 9th day of October, 2000.

OPTIMAL HEALTH PRODUCTS, LLC,
a Florida limited liability company

BY: *Kalpna Patel*
Kalpna Patel, Member/Manager

STATE OF FLORIDA
COUNTY OF ORANGE

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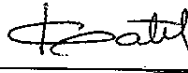
Gary Warren
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ACCEPTANCE BY REGISTERED AGENT

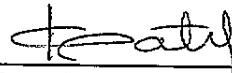
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Kalpna Patel, REGISTERED AGENT

**FOR THE LIMITED LIABILITY
COMPANY:**

BY: 

Kalpna Patel, MANAGER

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