## 0/0000120 Natural Products Vic 543 A N.w. -Address City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in ☐ Photocopy ☐ Will wait Certificate of Status Mail out **AMENDMENTS** NEW FILINGS ☐ Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent ☐ Limited Liability Domestication Dissolution/Withdrawal Name Other Merger Availability Document FILINGS REGISTRATION/QUALIFICATION Examiner ☐ Foreign nnual Report Limited Partnership Reinstatement s er Trademark DCC Other ng ledgement DCC

F.01000019083

Examiner's Initials

3 6000

"CR2E03'F(7/97)

700 100 100 100



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 11, 2001

RX NATURAL PRODUCTS, LLC 2543 A N.W. 72 AVE MIAMI, FL 33122

SUBJECT: RX NATURAL PRODUCTS, LLC Ref. Number: W01000015908

We have received your document for RX NATURAL PRODUCTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 301A00040872

Diane Cushing Corporate Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLE I - Name: The name of the Limited Liability Company is: RX Natural Products, LLC ARTICLE II - Address:

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

5769 796 354 2543 A NW 72 AVE

MIAMI FI 33122

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

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

MICHAEL GARCIA

5769 NW 7 St #312

Florida street address (P.O. Box NOT acceptable)

VIAM FL. FL

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.

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 folded if an effective date is requested)

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.)

Michael P. Garcial
Typed or printed name of signee

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)