

LB1000013334

4724 N.W. 114 Lane
Coral Springs, FL 33076
(954) 796-8855

AS

August 6, 2001

MJH

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
or
409 East Gaines Street
Tallahassee, FL 32399

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-08/08/01--01082--005
****125.00 ****125.00

RE: Articles of Organization for Florida Limited Liability Company

Gentlemen:

Enclosed herewith are the original and one copy of the Articles of Organization for VitaGyn, LLC, along with our check in the amount of \$125.00 (\$100 filing fee and \$25 designation of registered agent fee).

I would appreciate it if you would send the letter of acknowledgment to my attention at the above address. If you need any additional information, please contact me at the above telephone number. Thank you.

Sincerely,



Maureen Fonda

FILED
01 AUG -8 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is: **VitaGyn, LLC**

ARTICLE II - Mailing Address:

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

Mailing Address:

VitaGyn, LLC
5944 Coral Ridge Drive, #149
Coral Springs, FL 33076

Street Address:

4724 N.W. 114 Lane
Coral Springs, FL 33076

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

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

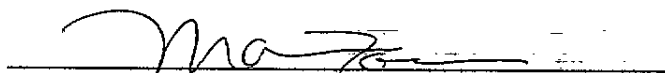
Maureen Fonda
4724 N.W. 114 Lane
Coral Springs, FL 33076

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 Signature

ARTICLE IV - Management:

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


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.)


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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG - 8 PM 5:01

FILED