Division of Corporations

# 03000004

# Florida Department of State

Division of Corporations Public Access System

# **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.

(((H03000043713 4)))

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)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305)634-3694 Phone

: (305)633-9696 Fax Number

# LIMITED LIABILITY COMPANY

viteck natural supplement, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

W3-4413

2/5/03 3:17 PA EB-02-5003 T2:03

lof2



## ARTICLES OF ORGANIZATION OF VITECK NATURAL SUPPLEMENT, LLC

#### <u>ARTICLE I - NAME</u>

The name of the Limited Liability Company is: VITECK NATURAL SUPPLEMENT (the "Company").

## ARTICLE II- ADDRESS

The mailing address and street address of the principal office of the Company is: 1384 S 143rd Avenue, Miami, Florida 33184.

## ARTICLE III- DURATION

The period of duration for the Company shall be perpenial.

#### **ARTICLE IV- MANAGEMENT**

The Company will be a manager-managed Company. The name and address of the Manager 150

Name

Address

Manuel de Quesada

1384 S.W. 143rd Avenue Miami, Florida 33184

#### ARTICLE V - EFFECTIVE DATE

The effective date of formation of the Company is February 5, 2003.

IN WITNESS WHEREOF, the undersigned representative of the Company has executed these Articles of Organization this February 5, 2003.

Preparer:

Norman S. Weider, Esq. 100 S.E. 24 Street, #3950 Miami, FL 33131

Phone; (305) 371-6338 - Florida Bar No. 150388

WP/WORK/VITECK.U.C 030205

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507. FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- l. The name of the limited liability company is: VITECK SUPPLEMENT, LLC.
- 2. The name and address of the registered agent and office is:

Norman S. Weider, Esq. 100 S.E. 2nd Street **Suite 3950** Miami, Florida 33131

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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

WINWOKKIVITECK.LLC 030205

FEB-05-2003 15:09

P.03703