· ·	··				
- 603000	000005804 03 FEB 20 - AM 10: 30				
(Requestor's Name)	SECKETARY OF STATE TALLAHASSEE, FLORIDA				
(Address) (Address)	900012703229				
(City/State/Zip/Phone #)	02/21/0301079013 **100.00				
(Business Entity Name)	02/21/0301079014 **25.00				
(Document Number) Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	il i s				
	2				
Office Use Only					

FILED 03 FEB 20 AM ID: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 18, 2003

FLORIDA DEPARTMENT OF STATE Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

Enclosed you will find all documents of the Articles of Organization of VitaMet Group, L.C.C. plus the required money orders totalling \$125.00.

_ - - - - -

Thank you very much.

eg cled

Marcelino Regalado PO Box 442070 Miami, FL 33144-2070 Phone: 1-305-269-8824

JMR:ym

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

03 FEB 20 AM 10: 30

SECRETARY OF STATE

VitaMet Group, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: P.O. Box 442999, Miami, Florida 33144-2999 Street Address: 4533 NW 190 Street, Miami, Florida 33055

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

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

Jeffrey Hernan	dez			-	: · · ·	وتوحساني
N	ame					
4533 NW 190 Stre Florida street address			<u></u>		ŧ	- 2 <u>5</u> .
Miami	FL	33055				
City, S	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

(An additional, article must be added 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.)

Jeffrey Hernandez

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)