

FROM :

Division of Corporations

NO. 14 5

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : LORN LEITMAN, C.P.A.
Account Number : I19980000088
Phone : (305)279-8943
Fax Number : (305)271-4421

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LIMITED LIABILITY COMPANY

Designer Ergogens, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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FROM :

FAX NO. :3052714136

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ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is Designer Ergogens, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of Designer Ergogens, LLC is:

Designer Ergogens, LLC
7700 N. Kendall Dr., #405
Miami, FL 33156

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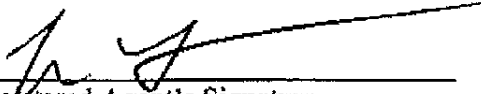
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ARTICLE III - Registered Agent, Office & Agent's Signature

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

Lorn Leitman
7700 N. Kendall Dr., #405
Miami, FL 33156

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.

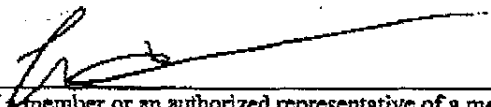

Registered Agent's Signature

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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.



Signature of a member or an authorized representative of a member

Lorn Leitman

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)

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