

L04000056261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

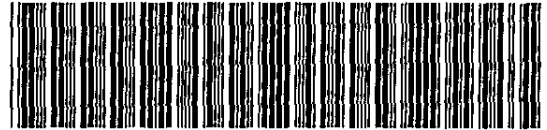
(Business Entity Name)

(Document Number)

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07/26/04--01066--012 **125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 26 PM 1:26

Nathan Pohl
Cyber Nutrition LLC
5040 SW 94th Way
Cooper City Florida
33328
954-829-2542

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 26 PM 1:26

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYBER NUTRITION LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATHAN POHL

(Name of Person)

CYBER NUTRITION LLC

(Firm/Company)

5040 S.W. 94th WAY

(Address)

COOPER CITY / FLORIDA 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

NATHAN POHL

(Name of Person)

at (954) 829-2541

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYBER NUTRITION LLC

ARTICLE II - Address:

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

Principal Office Address:

CYBER NUTRITION LLC

5040 S.W. 94th WAY

COOPER CITY, FL 33328

Mailing Address:

CYBER NUTRITION LLC

5040 S.W. 94th WAY

COOPER CITY, FL 33328

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

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

NATHAN POHL

Name

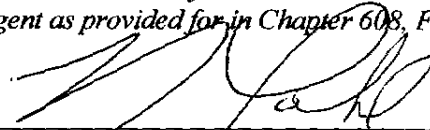
5040 S.W. 94th WAY

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

COOPER CITY FLORIDA , 33328

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, Florida Statutes..



Registered Agent's Signature

STATE OF FLORIDA
DIVISION OF CORPORATIONS
JUL 15 2006
PM 1:26

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

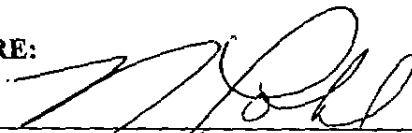
MGRM

NATHAN POHL
5040 S.W. 94th WAY
COOPER CITY, FL. 33328

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

NATHAN POHL

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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DIVISION OF CORPORATIONS