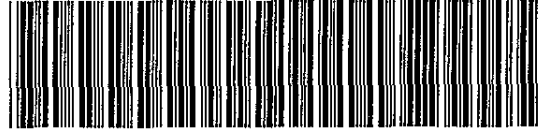


LO4000082933  
FILED

2004 NOV -9 P 2:15

SECRETARY OF STATE  
(Requestor's Name) TALLAHASSEE, FLORIDA



600042449966

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

11/09/14--01073--005 \*\*130.00

Special Instructions to Filing Officer:

ALL

Office Use Only

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** Medical Nutrition Consulting, LLC  
(Name of Limited Liability Company)

2004 NOV -9 P 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Susan S. Tassinari  
(Name of Person)

Medical Nutrition Consulting, LLC  
(Firm/Company)

1108 Coastal Circle  
(Address)

Ocoee, Florida 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Tassinari at ( 407 ) 654-6531  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical Nutrition Consulting, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1108 Coastal Circle  
Ocoee, Florida 34761

1108 Coastal Circle  
Ocoee, Florida 34761

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

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

Susan Smith Tassinari

Name

1108 Coastal Circle

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

Ocoee, Florida 34761

FL

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, F.S..*

*Susan Smith Tassinari*

Registered Agent's Signature

(CONTINUED)

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

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

**FILED**

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

2004 NOV -9 P 2: 45

MGR

Susan Smith Tassinari  
1108 Coastal Circle  
Ocoee, Florida 34761

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

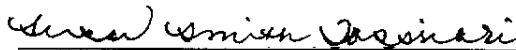
MGRM

David Edward Tassinari  
1108 Coastal Circle  
Ocoee, Florida 34761

(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.)

Susan Smith Tassinari

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)