

L05000000551

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.

(((H05000000676 3)))

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:

Account Name : ARISTA & FELDMAN, P.L.
Account Number : 120040000182
Phone : (305)444-7662
Fax Number : (305)444-7275

W01/02/05

RECEIVED

05 JAN -3 PM 2:18

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

DaFonti Nutripharm, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN -3 AM 9:02

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

EFFECTIVE DATE
01/01/05

3P

(((H05000000676 3)))

**ARTICLES OF ORGANIZATION
OF DAFONTI NUTRIPHARM, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I
NAME**

The name of the Limited Liability Company is DAFONTI NUTRIPHARM, LLC.

**ARTICLE II
COMMENCEMENT**

The existence of the Limited Liability Company shall commence on January 1, 2005.

**ARTICLE III
ADDRESS**

The initial street address of the principal office and mailing address of the Limited Liability Company is 17251 SW 12th Street, Pembroke Pines, FL 33029.

**ARTICLE IV
REGISTERED AGENT AND REGISTERED OFFICE**

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

Eduardo R. Arista, Esq.
Arista & Feldman, P.L.
Gables International Plaza
2655 South Le Jeune Road, Suite 515
Coral Gables, Florida 33134

(((H05000000676 3)))

FILED
2005 JAN -3 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
01/01/05

(((H05000000676 3)))

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is therefore a member-managed company. The names and addresses of the initial members are:

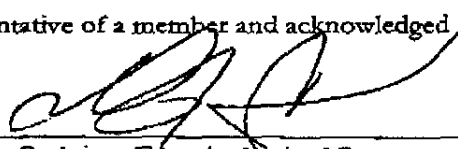
Vicente Daniel-Gonzalez
17251 SW 12th Street
Pembroke Pines, FL 33029

Giuvell Fontitroche-Escobar
1901 SW 59 Avenue
Miami, FL 33155

Manny Negrera
698 NW 106 Avenue
Coral Springs, FL 33071

Jorge Luis Gonzalez
6215 West 22 Court, Apt 7
Hialeah, FL 33017

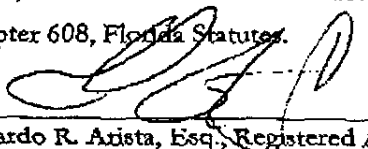
IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 3 day of January, 2005.



Eduardo R. Arista, Esq., Authorized Representative of a Member

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for DAFONTI NUTRIPHARM, LLC at the place designated in Article III above. 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 under Chapter 608, Florida Statutes.



Eduardo R. Arista, Esq., Registered Agent

(((H05000000676 3)))

FILED
2005 JAN -3 PM 9:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA