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# TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Nutratect	n Labratories (Name of Limite	d Liability Company)	<del></del>
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Thomas	J. Shea III, Esq.	Name of Person)	<del></del>
Law Office of Thoma		Firm/Company)	
	· ·	in Company)	
644 SE 4th	Ave		
		(Address)	
FT. L	auderdale, FL 33301		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Thomas J. Shea IIII		at ( 954 ) 389-5270 (Area Code & Daytime To	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
<b>☑</b> \$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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 27, 2004

THOMAS J. SHEA III, ESQ. LAW OFFICE OF THOMAS J. SHEA III, P.A. 644 SE 4TH AVE. FT. LAUDERDALE, FL 33301

SUBJECT: NUTRATECH LABRATORIES

Ref. Number: W04000047037

We have received your document for NUTRATECH LABRATORIES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 804A00071475

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nutratech Labratories L.L.C.			
Nutrateen Labratories 20200			
ARTICLE II - Address:			
The mailing address and street address of	the principal office of the Limited I	Liability	Con Con
Principal Office Address:	Mailing Address:		
1940 Park Avenue	1940 Park Avenue		
Suite 100	Suite 100		
		Miami Beach, FL 33139	
	Miami Beach, FL 33139		
Miami Beach, FL 33139  ARTICLE III - Registered Agent, Registered Agent, Registered Agent, Registered address of the properties of the pro	stered Office, & Registered Agent f the registered agent are:	's Sign	ature 5 JAN
ARTICLE III - Registered Agent, Registered Agent, Registered address of Thomas J. Shea III, Esq	stered Office, & Registered Agent f the registered agent are:	r's Sign	05 JAN 10
ARTICLE III - Registered Agent, Registered Agent, Registered address of Thomas J. Shea III, Esq	stered Office, & Registered Agent f the registered agent are:		05 JAN 10
ARTICLE III - Registered Agent, Registered Agent, Registered address of Thomas J. Shea III, Esq	stered Office, & Registered Agent f the registered agent are:		05 JAN 10
ARTICLE III - Registered Agent, Registered Agent	stered Office, & Registered Agent f the registered agent are:  Name  reet address (P.O. Box NOT acceptable)	l's Sign	05 JAN 1

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

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Adrian Alexandru
	1940 Park Ave, Suite 100
	Miami Beach, FL 33139
(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.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
Thomas J. S	hea III
	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)