

LOS0000 26389

P.O. Box 210911  
West Palm Beach, FL  
33421-0911

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

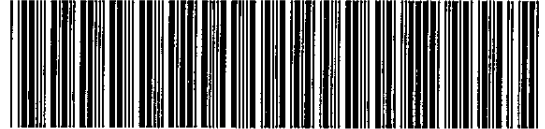
(Document Number)

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

Special Instructions to Filing Officer:

7189, 2826, 671 5/15  
WOS-9929 *MA*  
Office Use Only

FF \$125  
cc/aus 35



400045699804

02/23/05--01031--012 \*\*80.00

02/23/05--01031--011 \*\*80.00

SECRETARY  
MILWAUKEE, WI  
2006 FEB 23 PM 3:00

FILED



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 25, 2005

MARYSE J. PIERRE  
PO BOX 210911  
WEST PALM BEACH, FL 33421-0911

SUBJECT: MPMS PRODUCTS, LLC  
Ref. Number: W05000009929

2005 FEB 23 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for MPMS PRODUCTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 23, 2005. Please amend your document accordingly.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 805A00013392

## Initial Articles of Organization for a Florida Limited Liability Company

### Article I – Name:

The name of the Limited Liability Company is: **MPMS Products, LLC**

Article II – Purpose: **The purpose of the Limited Liability Company is to design, develop, produce and distribute health products.**

### Article III – Addresses:

The mailing address of the Limited Liability Company is:  
**P.O. Box 210911, West Palm Beach, Florida 33421-0911**

The street address of the principal office of the Limited Liability Company is:  
**6900 SW 21<sup>st</sup> Court, Unit #2, Davie, Florida 33317**

### Article IV – Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Michael S. Sautman  
6900 SW 21<sup>st</sup> Court, Unit #2  
Davie, Florida 33317**

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.

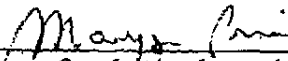


Registered Agent's Signature

### Article V – Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager. Managed Company.

Article VI – Effective Date: February 16, 2005



Signature of authorized member

**Maryse J. Pierre**

(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.)

Filing Fees: \$100.00 Filing Fee for Articles, \$25.00 Designation of Registered Agent,  
\$30.00 Certified Copy, \$5.00 Certificate of Status

FILED  
2005 FEB 23 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA