

LO50000 71716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



900057311139

07/15/05--01027--008 **130.00

7
—
—
—
—
—

2005 JUL 15 P 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Products Supply 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:

Giulio Desiderio
(Name of Person)

(Firm/Company)

3147 Jackson Ave
(Address)

Miami, FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Giulio or Regina Desiderio at (305) 529 1514
(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

2005 JUN 15 P 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Natural Products Supply LLC

ARTICLE II - Address:

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

Principal Office Address:

3147 Jackson Ave
Miami, FL 33133

Mailing Address:

3147 jackson Ave
Miami, FL 33133

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

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

Giulio Desiderio

Name

3147 Jackson Ave

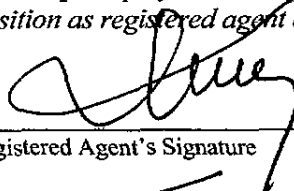
Florida street address (P.O. Box **NOT** acceptable)

Miami, 33133

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.



Registered Agent's Signature

FILED
JUL 12 2013
CLERK OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

Giulio Desiderio

3147 Jackson Ave

Miami, FL 33133

MGRM

Regina Bensuski Desiderio

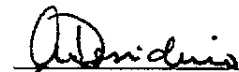
3147 Jackson Ave

Miami, FL 33133

(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.)

Regina Bensuski Desiderio

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)

2005 JUL 15 P 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED