

LO 70000 24675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

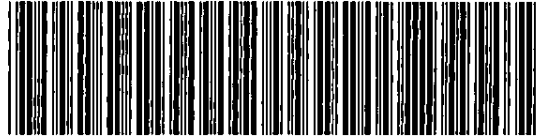
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200089931702

03/05/07--01012--001 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR -5 PM 2:40

ANDREW S. FORMAN, P.A.

15947 North Florida Avenue
Lutz, Florida 33549
(813) 969-3000
Fax: (813) 968-8000
asfjd@aol.com

March 1, 2007

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: MnM Diet Pills, LLC

Dear Sir/Madam:

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Andrew S. Forman, Esquire
15947 North Florida Avenue
Lutz, Florida 33549

For further information concerning this matter, please call: Andrew S. Forman, Esquire at (813) 969-3000.

Enclosed is a check for the following amount: \$125.00 Filing Fee.

Sincerely,

Andrew S. Forman

Enclosures
ASF/raw

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR -5 PM 2:40

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MnMDiet Pills, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

15947 N. Florida Ave
Lutz, FL 33549

Mailing Address:

15947 N. Florida Ave
Lutz, FL 33549

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Andrew S. Forman

Name

15947 N. Florida Ave

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

Lutz, FL 33549

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 (REQUIRED)

07 MAR -5 PM 2:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

MGR

Murtaza Rajabali

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

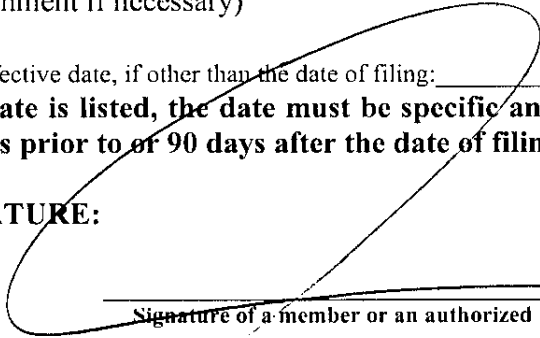
07 MAR -5 PM 2:40

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Andrew S. Forman

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)