

L08000012062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

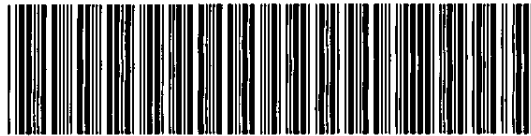
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600116631886

02/04/08--01025--006 \*\*125.00

RECEIVED  
08 FEB -4 AM 11:45  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
FEB 4 2008  
EXAMINER

FILED  
08 FEB -4 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NATURE FORCE NUTRITIONALS, LLC

FILED  
08 FEB -4 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ✓ L.C. File ALTS
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ✓ Cert. Copy
- ✓ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by:

Name CP Date 2/4 Time 11:00

Walk-In Will Pick Up

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLES I - Name:**

The name of the Limited Liability Company is: Nature Force Nutritionals, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2708 Alternate 19 North, Suite 507-2  
Palm Harbor, Florida 34683

**Mailing Address:**

2708 Alternate 19 North, Suite 507-2  
Palm Harbor, Florida 34683

**ARTICLES III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the Registered Agent are:

Thomas E. Todd, Esquire  
THOMAS E. TODD, P.A.  
8406 Massachusetts Avenue, Suite B-3  
New Port Richey, Florida 34653-3130

*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  
08 FEB - 4 PM 3:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:**

**Donald V. David (MGR)**

**2708 U.S. Alternate 19 North, Suite 507-2**  
**Palm Harbor, Florida 34683**

**ARTICLE V: Effective date, if other than 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.)

DONALD V. DAVID

**Typed or printed name of signee**