

LD8000036239

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(Address)

(Address)

(City/State/Zip/Phone #)

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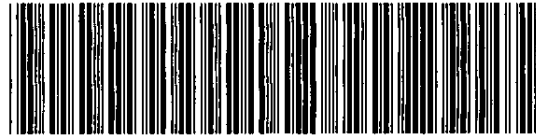
**L. SELLERS**

APR 10 2008

**EXAMINER**

~~LD8 156454~~

Office Use Only



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2008 APR -1 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED




3/17/2008

To Whom It May Concern,

Attached herein you will find all the necessary documentation and appropriate fees for the Articles of Incorporation for National Health Products, LLC. Should you have any additional questions, please do not hesitate to call me at 305-279-2674.

Cordially,



Ruben Llera  
Manager



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: National Health Products, 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:

Ruben Llera  
(Name of Person)  
National Health Products, LLC  
(Firm/Company)  
7867 SW 88 Street Suite 120  
(Address)  
Miami, FL 33186  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ruben Llera at ( 305 ) 279-2674  
(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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2008

RUBEN LLERA  
7867 SW 88 STREET, STE. 120  
MIAMI, FL 33156

SUBJECT: NATIONAL HEALTH PRODUCTS, LLC  
Ref. Number: W08000015959

We have received your document for NATIONAL HEALTH PRODUCTS, LLC and your check(s) totaling \$155.00. 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 March 25, 2008. 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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 008A00018294



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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

National Health Products, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

7867 SW 88 Street  
Suite 120  
Miami, FL 33186

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

Ruben Llera

Name

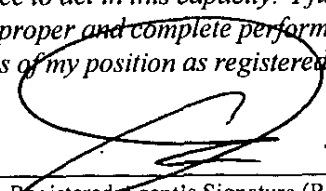
7867 SW 88 St. Suite 120

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

Miami, FL 33176

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)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA



**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:**

~~Ramon~~ MGRM

Ramon Bardales  
7570 Old Thyme Ct.  
Parkland, FL 33076

MGR

Ruben Llera  
9390 SW 117 Tr.  
Miami, FL

MGR

Orlando Herrero  
1107 Aduana Ave  
Coral Gables, FL 33155

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 27, 2008 (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.)

Ruben Llera

\_\_\_\_\_  
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)

2008 APR - 1 AM 9:31  
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TALLAHASSEE, FLORIDA

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