

L08000/05348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

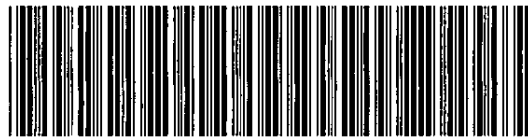
(Business Entity Name)

(Document Number)

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

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Office Use Only



900135321809

Effective Date 09/01/08

11/13/08--01001--002 \*\*100.00

09/04/08--01014--004 \*\*55.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W08-41320  
J. BRYAN SEP -5 2008

J. BRYAN

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EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: V.I.P. Nutrition & DIABETES Consulting  
(Name of Limited Liability Company) LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Lietzke  
(Name of Person)

V.I.P. Nutrition & DIABETES Education Consulting,  
(Firm/Company) LLC

4849 Lake Worth Road, Suite 200  
(Address)

Lake Worth, Florida 33463  
(City/State and Zip Code)

For further information concerning this matter, please call cell # 561-236-3104  
Cheryl Lietzke at 561, 202-6064  
(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)

*Paid \$55.00  
Already  
9/01/08*

**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

*Check enclosed*

*\$ 100.00*

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DIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

V.I.P. Nutrition & DIABETES Consulting 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:

4849 Lake Worth Road  
Lake Worth Florida  
33463

#### Mailing Address:

4849 Lake Worth Road  
Lake Worth ~~Road~~ Florida  
33463

### 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.)

Effective Date 09/01/08

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

Cheryl Lietzke  
Name  
4849 Lake Worth Road  
Florida street address (P.O. Box **NOT** acceptable)  
Lake Worth FL Florida  
City, State, and Zip

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DIVISION OF CORPORATIONS

*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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(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

Cheryl Lietzke

**Name and Address:**

4849 Lake Worth Road  
Lake Worth, Florida  
33463

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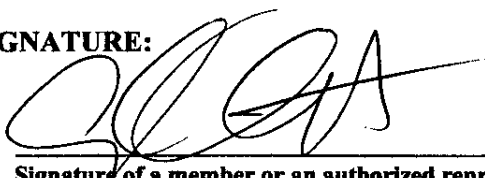
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(Use attachment if necessary)

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STATE  
DEPARTMENT OF  
CORPORATIONS

**ARTICLE V:** Effective date, if other than the date of filing: 09/01/2008. (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.)

Cheryl Lietzke

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)**