

# L09000117453

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**L. SELLERS**

DEC 10 2009

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
K & D VITAMINS AND SUPPLEMENTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
K & D VITAMINS AND SUPPLEMENTS, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be: K & D  
VITAMINS AND SUPPLEMENTS, LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for  
which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company: 10860 SW 88<sup>th</sup> STREET, MIAMI, FLORIDA  
33176**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
REED B. SOMBERG, P.A., 18750 SE WRIGHTS LANE, JUPITER,  
FLORIDA 33478**

**ARTICLE V**

**The name of the Managing Member is:**

**KEVIN FOX 50%**

**DALIA SLOTSKY 50%**

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**TALLAHASSEE FLORIDA**

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

K & D VITAMINS AND SUPPLEMENTS, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
Registered Agent

X  
\_\_\_\_\_  
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.)

Kevin Fox  
\_\_\_\_\_  
Typed or printed name of signer

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