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(Re	equestor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2010 JUL 2:1 MIN: 22
SECKETARY OF STATE

JUL 2.2 2010 EXAMINER

COVER LETTER

TO: '

Registration Section
Division of Corporations

SUBJECT:	VITAL INI	OVATIVE INVES	TMENTS, LLC
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	ROBERT	J MOYER Name of Person	
		Firm/Company	
2	70 PETREL	TRAIL Address	
	RADENTON CI	FL 34212	
	28	moyer. com	
For further information	on concerning this matter, please	e call:	
······	J MOYER ne of Person	at (215) 272- Area Code & Daytime Telep	2066 (CELL)
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	Certificate of Status	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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:

Mailing Address:

270 PETREL BRADENTON, FL

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:

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

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 (REOUIRED

(CONTINUED)

Page 1 of 2

FILED

	ger or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SLORETARY OF STAT TALLAHASSEE, FLORI
MGRM	ROBERT J. MOY! 270 PETREL TRAIL BRADENTON, FL 3	L
THE STATE OF THE S		
(Use attachment if necessary)		
CLE V: Effective date, if other than the	e date of filing: be specific and cannot be more than five	(OPTIONAL) business days prior
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing:ee specific and cannot be more than five	(OPTIONAL) business days prior
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five	business days prior
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a memberation 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perju	business days prior

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)