

BLUMBERG/EXCELSIOR

ax: 850-617-6383

Feb 22 2011

9:52

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

\*\*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 LIMITED LIABILITY CO.  
My Bio Health Shop LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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K. SALY  
EXAMINER  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: My Bio Health Shop LLC

**ARTICLE II - Address:**

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

**Principal Office Address:** 768 W. Devonhurst Lane, Ponte Vedra, FL 32081

**Mailing Address:** 768 W. Devonhurst Lane, Ponte Vedra, FL 32081

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

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

Brooke Padgett, 768 W. Devonhurst Lane, Ponte Vedra, FL 32081

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..

Brooke Padgett  
Registered Agent's Signature:

Brooke Padgett

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

MGRM

Brooke Padgett, 768 W. Devonhurst Lane, Ponte Vedra, FL 32081

**REQUIRED SIGNATURE:**

Brooke Padgett

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.)

Brooke Padgett, Organizer

Typed or printed name of signer