

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000057886 3)))



H110000578863ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407)298-3900

Fax Number : (407)298-0660

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

THAR -L AN 11: 43
SCRETARY OF STATE
LAHASSEE. FLORIDA

## FLORIDA LIMITED LIABILITY CO. KISSIMMEE NUTRITION CENTER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

EXAMINER MAR 7 2011

Electronic Filing Menu

Corporate Filing Menu

Help

(((H11000057886 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY





ARTICLE 1 - Name:

The name of the Limited Liability Company is:

### KISSIMMEE NUTRITION CENTER, 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:

## 839 CYPRESS PARKWAY **KISSIMMEE, FL 34759**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limited 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:

## **HEMANT MANGAL** 839 CYPRESS PARKWAY KISSIMMEE, FL 34759

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.,

HEMANT MANGAL/ Registered Agent's Signature

## (((H110000578863)))

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

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

"MGR" = Manager
"MGRM" = Managing Member

HEMANT MANGAL – MGRM ESTHER MANGAL – MGR 839 CYPRESS PARKWAY KISSIMMEE, FL 34759

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 28, 2011 (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.)

# HEMANT MANGAL Typed or printed name of signee

Page 1

## <br/><b><span style='color:#1080BC;text-decoration:none'>Cheryl</span></b>

Cheryl A. Foote

Cheryl A. Foote

Legal Secretary to Jeanne L. Seewald

Hahn Loeser & Parks LLP

800 Laurel Oak Drive, #600

M&I Building

Naples, Florida 34108

Voice: 239.254.2901

Fax: 239.592.7716

Email: <span style='color:#1080BC'>cfoote@hahnlaw.com</span>

Website: <span style='color:#1080BC'>www.hahnlaw.com</span>

Hahn Loeser & Parks LLP is a full-service law firm representing clients across the U.S. and abroad from offices in Cleveland, Columbus, Akron, Naples, Fort Myers and Indianapolis.

This email may contain information that is confidential or privileged, and it is intended only for the addressee(s). If you are not the intended recipient, you are prohibited from using, copying, or distributing this email, its contents, or any attachment.