

#L 12000088403

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

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

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FLORIDA LIMITED LIABILITY CO.  
NUTRI-FIT VITAMIN SHOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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K. SALY  
EXAMINER  
JUL 9 - 2012

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

NUTRI-FIT VITAMIN SHOP LLC

**ARTICLE II      ADDRESS**

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

1250 S MIAMI AVENUE #1815

MIAMI, FLORIDA 33130

**ARTICLE III      REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

NELSON SILVA

1250 S MIAMI AVENUE #1815

MIAMI, FLORIDA 33130

Having been named as registered agent 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.

X

\_\_\_\_\_  
NELSON SILVA / Registered Agent's signatureFILED  
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TALLAHASSEE, FLORIDA

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS**

MANAGING MEMBER

NELSON SILVA

1250 S MIAMI AVENUE #1815

MIAMI, FLORIDA 33130

.....  
  
  
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.

NELSON SILVA

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