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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

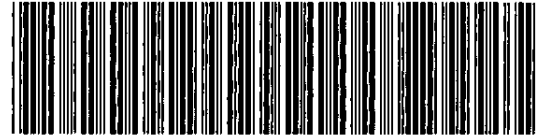
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12 NOV 26 PM 4:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vitamin Depot Online.com, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Brister

Name of Person

Firm/Company

1726 Kearney Ave

Address

Naples, FL 34117

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Brister

Name of Person

at (239) 404-0267

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
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  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Dept of State.*

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

*VITAMIN DEPOT ONLINE.COM, L.L.C.*

**ARTICLE II - ADDRESS**

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

Principal Office Address:

*1726 KEARNEY AVENUE*

*NAPLES, FL 34117*

Mailing Address:

*1726 KEARNEY AVENUE*

*NAPLES, FL 34117*

**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)

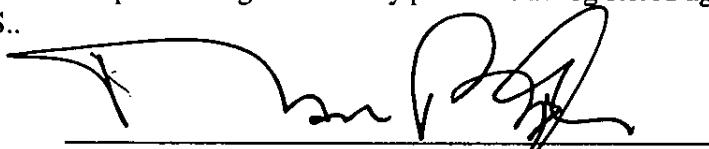
The name and the Florida street address of the registered agent are:

*DANIEL BRISTER*

*1726 KEARNEY AVENUE*

*NAPLES, FL 34117*

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 positions as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

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12 NOV 26 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV - MANAGER(S) OR MANAGING MAMBER(S):**

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DANIEL BRISTER  
1726 KEARNEY AVENUE  
NAPLES, FL 34117

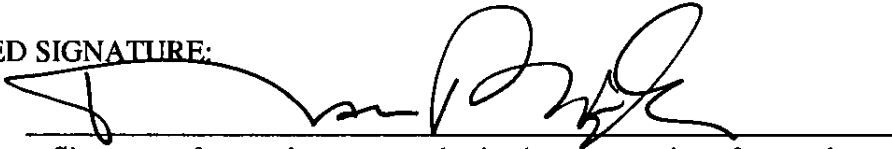
MGR

ROY BROWN  
1726 KEARNEY AVENUE  
NAPLES, FL 34117

**ARTICLE V - EFFECTIVE DATE, IF OTHER THAN DATE OF  
FILING: . (OPTIONAL)**

(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:

A handwritten signature in black ink, appearing to read 'Daniel Brister', is written over a horizontal line.

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.)

**DANIEL BRISTER**

Typed or printed name of signee

I Daniel Brister release the name Vitamin Depot Online.com to be reused.

Daniel Brister

Manager