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Florida Department of State  
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Division of Corporations  
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Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LISACHRISTINEBENGE@GMAIL.COM

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**FLORIDA LIMITED LIABILITY CO.  
VITATARIAN, LLC**

Certificate of Status	1
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From:

02/21/2013 12:44 8282 P.002/002

**ARTICLES OF ORGANIZATION  
OF  
VITATARIAN, LLC**

**ARTICLE I - NAME**


The name of this limited liability company is VITATARIAN, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 12 Saragossa Street, Saint Augustine, Florida 32084.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 12 Saragossa Street, Saint Augustine, Florida 32084, and the name of the initial registered agent of the Company at that address is Lisa C. Benge.

  
\_\_\_\_\_  
Lisa C. Benge, Member

**ACCEPTANCE OF REGISTERED AGENT**

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, Florida Statutes.

  
\_\_\_\_\_  
Name: Lisa C. Benge

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