

L13000091089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

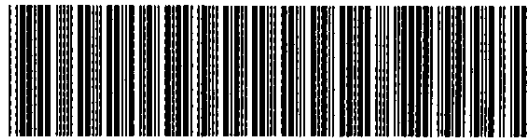
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2013

D. BRUCE

(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 AVENUE

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

at **(239) 404-0616**

Name of Person

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

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VITAMIN DEPOT ONLINE.COM 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:

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

Name

1726 KEARNEY AVENUE

Florida street address (P.O. Box **NOT** acceptable)

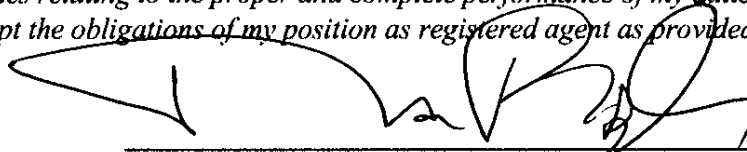
NAPLES, FL 34117

FL

City, State, and Zip

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TALLAHASSEE FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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

MGRM _____

STANCIK, MARIAN

ROZMARINOVA 41

821 04, BRATISLAVA, SLOVAKIA XX

MGRM _____

HUPKA, MICHAEL

MOJMIROVA 44

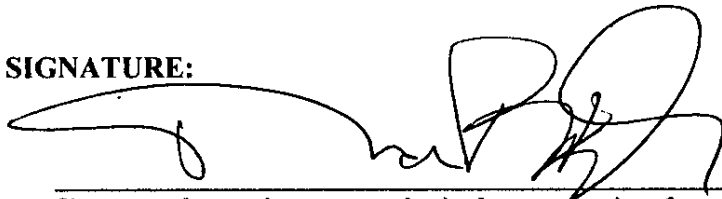
900 26, SLOVENSKY GROB, SLOVAKIA XX

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DANIEL BRISTER

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FL 32304

MGRM

GABRIS, MATEJ

WOLKROVA 25

851 01, BRATISLAVA, SLOVAKIA XX

MGRM

SKVARENINA, PETER

HARTMANN-IBACH-STRASSE 103

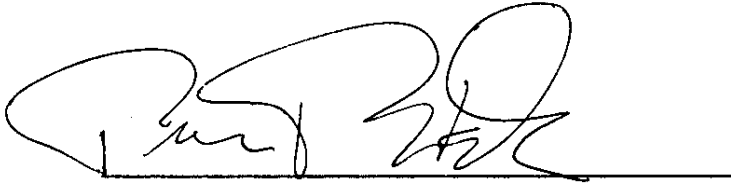
60389 FRANKFURT AM MAIN GERM XX

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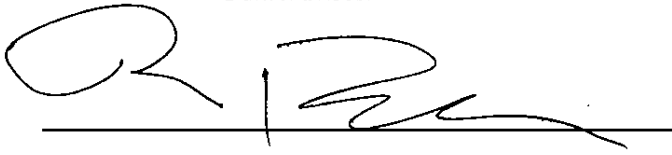
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Daniel Brister and Roy Brown release the name Vitamin Depot Online.com to be reused.

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

Daniel Brister

A handwritten signature in black ink, appearing to be 'Roy Brown', written over a horizontal line.

Roy Brown

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SECRETARY OF STATE
TALLAHASSEE FLORIDA