da Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130002484913)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634~3694

Fax Number : (305)633~9696

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

Email Address:

13 NOV -8

FLORIDA LIMITED LIABILITY CO. MOST-MUSCULAR MEDICINE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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K. SALY EXAMINER NOV 12 2013

Electronic Filing Menu Corporate Filing Menu

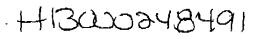
Help

11/8/2013

https://efile.sunhiz.org/scripts/efileovr.exe PAGE 01/03

EMPIRE CORP

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ARTICLES OF ORGANIZATION FOR PL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name The name of the Limited Liability Company is:	
MOST-MUSCULAR MEDICINE, LLC	
ARTICLR II - Address: The mailing address and street address of the principa	n' office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
3106 SANTORINI COURT	SAME
NAPLES, FL 34119	all the same purpose and the s
ARTICLE III - Registered Agent, Registered Offic	ce, & Registered Agent's Signature
The name and the Florida street address of the registe	red agent me:
CARL DUCHARME Name	
3106 SANTORINI COURT Florida street address (P.O. Bax NOT	[acceptable)
NAPLES, FL 34119 City, State and Zip	
faving been named as registered agent and to accept inhility company of the place designated in this aertifestisted agent and agree to act in this capacity. If that the proper and complete performance obligations of my position as registered agent as p	ficate, I hereby accept the appointment as finite agree to comply with the provisions of all more of my duties, and I am familiar with and accept provided in Chapter 608, F.S.
Cal Ochrine 11/2 Registered Agen	· · · · · · · · · · · · · · · · · · ·
תשניאסט	•

Page 1 of 2

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ARTICLE IV - Manager(s) of Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" - Manager "MORM" = Managing Member MORM CARL DUCHARME 3106 SANTORINI COURT NAPLES, FL 34119 MGRM MORM MCRM. (Use attachment if necessary) NOTE: An additional article must be added if an affective date is requested. REQUIRED SIGNATURE: Signature of member or an natherized representative of a member (in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes as affilmation under the pounities of parjury that the facts stated herein are true.) CARL DUCHARME Typed or printed name of signed 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)

Page 2 of 2