

W1400002991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

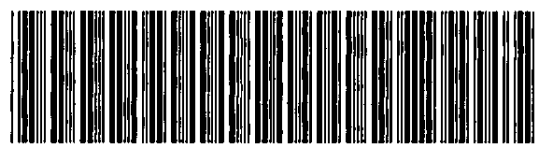
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

Special Instructions to Filing Officer:  
  
W14-10636

Office Use Only



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02/14/14--01010--016 \*\*130.00

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2014 FEB 21 A 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 21 2014

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vitalis, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Eric Torriente  
Name of Person  
Vitalis, LLC  
Firm/Company  
6947 NE 3rd Ave  
Address  
Miami FL 33138  
City/State and Zip Code  
info@vitalis.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Torriente at (786) 506 0996  
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)
- + Already Paid*

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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2014 FEB 21 AM 11:15  
REGISTRATION SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vitalis, 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:

6947 NE 3<sup>rd</sup> Ave  
Miami FL 33138

Mailing Address:

P.O. Box 415202  
Miami Beach, FL  
33141

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:

Eric Torriente

Name

7928 West Drive #PH2

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

Miami FL 33141

City

Zip

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 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MANAGER	ERIC TORRIENTE
MANAGER	7928 WEST OAK PIKE
	MIAMI FL 33141

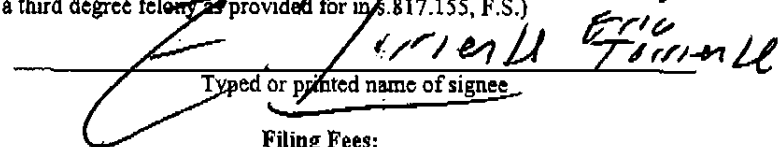
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), 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.)

  
Eric Torriente  
Typed or printed name of signee

- 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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 2014 FEB 21 A 11:15  
 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2014

ERIC TORRIENTE  
POST OFFICE BOX 415202  
MIAMI BEACH, FL 33141

SUBJECT: VITIALIS, LLC  
Ref. Number: W14000010636

We have received your document for VITIALIS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 114A00003660

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2014 FEB 21 A 11:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA