

02/09/2012 22:28

L14000052937

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000075367 3)))



H14000075367 3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
2014 MAR 31 AM 10:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Email Address: _____

RECEIVED

14 MAR 31 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
HELIX NUTRITION L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

APR -1 2016

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

H14000075367

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

* HELIX NUTRITION L.L.C.

(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:1900 CORAL WAY. STE 401
MIAMI FL 33145Mailing Address:1900 CORAL WAY STE 401
MIAMI FL 33145

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:

WESTON F. INN

Name

1900 CORAL WAY STE. 401Florida street address (P.O. Box NOT acceptable)MIAMI


City

FL33145

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 603, F.S.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

 2014 MAR 31 AM 10:27
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

FILED

H14000075367

H14000075367

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRMMGRMMGRMName and Address:WESTON FINN1900 CORAL WAY STE. 401MIAMI FL 33143PABLO FUENTES1900 CORAL WAY STE. 401MIAMI FL 33143ALEXSEJS LEAL1900 CORAL WAY STE 401MIAMI FL 33143

(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.)

WESTON FINN

Typed or printed name of signer

H14000075367

2014 MAR 31 AM 10 27

FILED

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA