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TALLAHASSEE, FLORIDA

3571



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2014

EMMANUEL LHERISSE
830 N APOLLO BLVD
MELBOURNE, FL 32935

SUBJECT: XMAN NUTRITION & SPORTS, LLC
Ref. Number: W14000043970

We have received your document for XMAN NUTRITION & SPORTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00015394

***XMAN NUTRITION & SPORTS, LLC
830 N. APOLLO BLVD.
MELBOURNE, FL 32935***

July 9, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: XMan Nutrition & Sports, LLC

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

Please return all correspondence concerning this matter to the following:

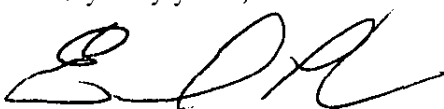
Emmanuel Lherisse
XMan Nutrition & Sports, LLC
830 N. Apollo Blvd.
Melbourne, FL 32935

For further information concerning this matter, please call:

Domenic Calicchia at 321-951-8878.

Enclosed is a check for the following amount: \$125.00 Filing Fee

Very truly yours,



Emmanuel Lherisse

Enclosures: Articles (2)
Check

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

XMAN NUTRITION & SPORTS, 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:

Mailing Address:

830 N APOLLO BLVD

830 N APOLLO BLVD

Melbame FL 32935

Melbame FL 32935

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:

EMMANUEL LHERISSE

Name

830 N APOLLO BLVD

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

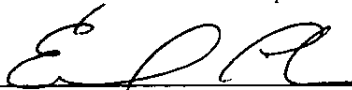
MELBOURNE

FL 32935

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..



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

MGR

Name and Address:

Lherisse
EMMANUEL LHERISSE

MGR

NICOLE LHERISSE

(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.)

EMMANUEL LHERISSE

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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TALLAHASSEE, FLORIDA