

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L15000101923

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.

(((H15000142427 3)))



H150001424273ABC

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) 617-6381

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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

Email Address: mrobbins@slk-law.com

FLORIDA LIMITED LIABILITY CO.
FITLIFE FOODS ORLANDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
15 JUN 11 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2015 JUN 11 AM 10: 59

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
OF
FITLIFE FOODS ORLANDO, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is FITLIFE FOODS ORLANDO, LLC.

ARTICLE II – Address:

The street and mailing address of the principal office of the Limited Liability Company is:

1511 N. Westshore Boulevard
Suite 700
Tampa, Florida 33607

ARTICLE III – Registered Agent and Office

The name and the Florida street address of the registered agent are:

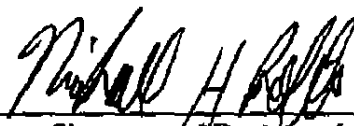
Michael H. Robbins
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2015 JUN 11 AM 10:59

FILED

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 of Registered Agent

H15000142427 3

ARTICLE IV – Management

The name, title and address of the person authorized to manage and control the Limited Liability Company is:

Title	Name and Address
MGR	David Osterweil 1511 N. Westshore Boulevard Suite 700 Tampa, Florida 33607

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 11 day of June 2015.



 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 section 817.155, Florida Statutes)

David Osterweil

 Typed or printed name of signee