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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

VITAMIL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

SEP 4 8 2015

S. GILBERT

FILED

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

VITAMIL, LLC

ARTICLE II- Address:

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

Principal Office Address:

451 E. Altamonte Drive - Store 214
Altamonte Springs, FL 32701

Mailing Address:

451 E. Altamonte Drive - Store 214
Altamonte Springs, FL 32701

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

Name

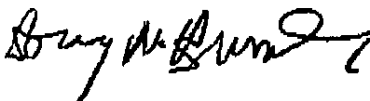
7055 SOUTH KIRKMAN ROAD, SUITE 116

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

ORLANDO, FL 32819

City, State, and Zip

Having been named as registered agent 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 positions as registered agent as provided for in Chapter 605 Florida Statutes.



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR"= Manager

"MGRM"- Managing Member

MGRM

Fabio Favaretto Mathias

5113 Cherry Tree Lane
Orlando, FL 32819

MGR

Le Garcon Alimentacao e Servicos LTDA.

Rua Baependi, 347 - Bairro: Vila Alzira
Santo Andre - Sao Paulo - Brasil 09195-080

(Use attachment if necessary)

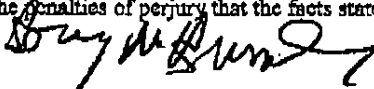
NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Typed or printed name of signer