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.

(((H15000286663 3)))



H150002866633ABC4

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

Division of Corporations
Fax Number: (850)617-6381

Account Name: SUPERSIZ.COM, INC.
Account Number: 120070000160
Phone: (800)494-3124

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

: (305)675-2811

Fax Number

Email Address:

FLORIDA LIMITED LIABILITY CO. Hippocrates LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

mo 12/7

H15000286663 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

HIPPOCRATES LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited $\stackrel{\sim}{\sim}$ Liability Company is:

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

ARTICLE III REGISTERED AGENT

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

HILARY S KLOSKA

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

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.

HILARY SKLOSKA / Registered Agent's signature

H15000286663 3

PAGE 2 HIPPOCRATES LLC

ARTICLE IV	- :	ᇬ
The name and address of each person authorized to manage and con-	trol the	
Limited Liability Company:	:·	\sim
	.5 -	1
MANAGER	٠, .	· L -
T. BRADLEY HARRIS	`,	
801 US HIGHWAY 1, STE B	55 315	င္ပာ
NORTH PALM BEACH, FLORIDA 33408		<u>5</u>
·	7.	

x 7 Bradly Harris

T. BRADLEY HARRIS / Authorized Representative's signature

(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.)