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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	GNC Holdings, LLC			
SOBJE		f Limited Liabi	lity Company	
The enc	losed Articles of Organization and fee(	s) are submitted	d for filing.	
Please re	eturn all correspondence concerning th	is matter to the	following:	
	Keyur Chavda			
		Name o	f Person	
	GNC Holdings, LLC			
		Firm/Co	ompany	
	15224 Kestrelrise Drive			
		Add	ress	
	Lithia, FL 33547			
~,	keyurchavda@gmail.com	City/State ar	nd Zip Code	
<b>i</b>	E-mail address: (to be	used for future	annual report notificati	on)
For further	r information concerning this matter, p	lease call:		
	Vijay Narasimha a	813 t (	416-8440	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for the following amount:			
\$125.00	Filing Fee S130.00 Filing Fee Certificate of Status	s L—ICertifi	00 Filing Fee & [ ied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	T Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(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:  15224 Kestrelrise Drive Lithia, FL 33547  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 unother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Keyur Chavda  Name  15224 Kestrelrise Drive Florida street address (P.O. Box NOT acceptable)	GNC Holdings, I	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:  15224 Kestrelrise Drive Lithia, FL 33547  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 nother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Keyur Chavda  Name  15224 Kestrelrise Drive Florida street address (P.O. Box NOT acceptable)			l Liability Company,	"L.L.C.," or "LLC.")	
Principal Office Address:    15224 Kestrelrise Drive   15224 Kestrelrise Drive   Lithia, FL 33547   Lithia, FL 33547     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 registered agent are:    Keyur Chavda	ADTICLE II Adda				<u>.</u>
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15224 Kestrelrise Drive Lithia, FL 33547  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 nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:  Keyur Chavda  Name  15224 Kestrelrise Drive Florida street address (P.O. Box NOT acceptable)	-			•	. !
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Name  15224 Kestrelrise Drive  Florida street address (P.O. Box NOT acceptable)	nother business entity with	an active Florida registration	on.)	ou must designate an individua	al or
Florida street address (P.O. Box NOT acceptable)	nother business entity with	an active Florida registration reet address of the registered	on.)	ou must designate an individua	al or
	nother business entity with	an active Florida registration reet address of the registered	on.) d agent are:	ou must designate an individua	al or
	mother business entity with	an active Florida registration reet address of the registered Keyur Chavda	n.) d agent are: Name	ou must designate an individua	al or
Lithia FL 33547	mother business entity with	an active Florida registration reet address of the registered Keyur Chavda  15224 Kestrelrise Dr	on.) I agent are: Name		al or
City State Zip	mother business entity with	an active Florida registration reet address of the registered Keyur Chavda  15224 Kestrelrise Dr Florida street addres	on.) I agent are:  Name ive s (P.O. Box <u>NOT</u> acc	ceptable)	al or
	another business entity with The name and the Florida str aving been named as register ace designated in this certific	an active Florida registration rect address of the registered Keyur Chavda  15224 Kestrelrise Dr Florida street address Lithia City  red agent and to accept serve cate, I hereby accept the app	nn.) I agent are:  Name  ive s (P.O. Box NOT acc  FL  State  ice of process for the continuent as registered	ccptable)33547 Zip above stated limited liability cold agent and agree to act in this	mpany a capacity
rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutic In familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	another business entity with The name and the Florida str  aving been named as register lace designated in this certific rther agree to comply with th	an active Florida registration rect address of the registered Keyur Chavda  15224 Kestrelrise Dr Florida street address Lithia City  red agent and to accept serve cate, I hereby accept the app are provisions of all statutes re	Name ive s (P.O. Box NOT acc FL State ice of process for the continent as registered agent as registered agent as	ccptable)  33547  Zip  above stated limited liability conduction of many complete performance of many c	mpany a capacity y duties,
	another business entity with The name and the Florida str  aving been named as register lace designated in this certific rther agree to comply with th	an active Florida registration rect address of the registered Keyur Chavda  15224 Kestrelrise Dr Florida street address Lithia City  red agent and to accept serve cate, I hereby accept the app are provisions of all statutes re	Name ive s (P.O. Box NOT acc FL State ice of process for the continent as registered agent as registered agent as	above stated limited liability conditions and agree to act in this and complete performance of m s provided for in Chapter 605, h	mpany a capacity y duties,

(CONTINUED)

Page 1 of 2

MGR" = Manager    MGR	<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:	
Keyur Chavda   15224 Kestrelrise Drive   Lithia, FL 33547     MBR	•		•
15224 Kestrelrise Drive		Kevur Chavda	'- <u>'</u>
Lithia, FL 33547  Vijay Narasimha  17927 Cachet Isle Drive  Tampa, FL 33647  Umesh Gowda  16343 Heathrow drive  Tampa, FL 33647  MBR  Pramit Chavda  304 Apache Drive  Cedar Park, TX 78613  Use attachment if necessary)  V: Effective date, if other than the date of filing: 12/01/2015 (OPTIONAL)  trive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any filas information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  **LEGUIRED** Library** Typed or printed name of signee  Filing Fees:	·		
AMBR  17927 Cachet Isle Drive  Tampa, FL 33647  Umesh Gowda  16343 Heathrow drive  Tampa, FL 33647  AMBR  Pramit Chavda 504 Apache Drive Cedar Park, TX 78613  Use attachment if necessary)  V: Effective date, if other than the date of filing: 12/01/2015 Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.  Legun Chal Vol 18-1-15  Typed or printed name of signee  Filing Fees:			* -
AMBR  17927 Cachet Isle Drive  Tampa, FL 33647  Umesh Gowda  16343 Heathrow drive  Tampa, FL 33647  AMBR  Pramit Chavda 504 Apache Drive Cedar Park, TX 78613  Use attachment if necessary)  V: Effective date, if other than the date of filing: 12/01/2015 Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.  Legun Chal Vol 18-1-15  Typed or printed name of signee  Filing Fees:			
Tampa, FL 33647  Umesh Gowda  16343 Heathrow drive  Tampa, FL 33647  Pramit Chavda  504 Apache Drive  Cedar Park, TX 78613  Use attachment if necessary)  V: Effective date, if other than the date of filing: 12/01/2015 (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  **LEQUIRED** Library** Chel Vol. 12-1-15  Typed or printed name of signee  Filing Fees:	AMBR		1
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Tampa, FL 33647  Pramit Chavda 504 Apache Drive Cedar Park, TX 78613  Use attachment if necessary)  V: Effective date, if other than the date of filing: 12/01/2015 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Here William Fees:  Typed or printed name of signee  Filing Fees:	AMDK		<del>(T)</del>
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