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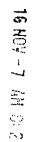
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## **COVER LETTER**

	tegistration Section Division of Corporations
SUBJECT	305 Nutrition Supplements LLC
Sebuce	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Carlos R Lazo
	Name of Person
	305 Nutrition Supplement LLC
	Firm/Company
	10093 NW 138th ST # 117
	Address
	Hialeah gardens, FL 33018
	City/State and Zip Code
	carloslazo65@hotmail.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Carlos R Lazo 786 288-1266
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \times \text{\$\subseteq \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\subseteq \text{\$\text{Certified Copy} \text{\$\text{\$(additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$(additional copy is enclosed)}}} \text{\$\text{\$\text{\$(additional copy is enclosed)}} \text{\$\text{\$(additional copy is enclosed)}} \$\text{\$

**Mailing Address** 

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address** 

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

305 Nutrition Supplements LLC	
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
TICLE II - Address:  mailing address and street address of the principal office	of the Limited Liability Company is:
TICLE II - Address: e mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
e mailing address and street address of the principal office	

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

another business entity with an active Florida registration.)

Carlos R Lazo		
	Name	
2589 W 76th ST # 2	201	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Hialeah	FL	33016
City	State	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)

Page 1 of 2

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<u>itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
resident	Carlos R Lazo
	2589 W 76th ST #201
	Hialeah, FL 33016
<del></del>	
V: Effective date, if other than the date tive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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