

L17000033772

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

(((H17000042900 3)))



H170000429003A BCX

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 : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****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.
 NUTRI11 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

17 FEB 14 PM 3:03
 TALLAHASSEE, FLORIDA

FILED
 17 FEB 14 PM 2:50
 TALLAHASSEE, FLORIDA

H17000042900

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NUTRI 11 LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLP")

ARTICLE II - Address:

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

Principal Office Address:

3000 Coral Way 1114
CORAL GABLES FL 33134

Mailing Address:

3000 CORAL WAY
STE # 1114
CORAL GABLES, FL 33135

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 registration.)

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

GUILBERMO RODRIGUEZ NAVARRETE

Name

3000 CORAL WAY STE # 1114

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


MIAMI

City

FL 33135

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

FILED
17 FEB 14 PM 2:50
TALLAHASSEE, FLORIDA

H17000042900

H17000042900

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title

"AMB" = Authorized Member

"MGR" = Manager

AMB

Name and Address

GUILLERMO RODRIGUEZ NAVARRETE

3000 CORAL WAY STE # 1114

CORAL GABLE, FL 33145

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member:
(In accordance with section 805.0201 (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 § 17.155, F.S.)

GUILLERMO RODRIGUEZ NAVARRETE

Typed or printed name of signer

RECEIVED
TALLAHASSEE, FLORIDA

17 FEB 14 PM 2:50

FILED

H17000042900