

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L18000077895

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.

((H18000097655 3)))



H180000976553A8CB

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 : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

2018 MAR 27 AM 10: 59
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Email Address: _____

RECEIVED
2018 MAR 28 PM 12: 29
Please on the that was fax 3/27

FLORIDA LIMITED LIABILITY CO.
NutriSpi. PRODUCTS USA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

134440



March 28, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: NUTRISPI PRODUCTS USA LLC
REF: W18000029728

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: E18000097655
Letter Number: 718A00006205

P.O BOX 6327 - Tallahassee, Florida 32314

4

H18000097655

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nutrispi Products USA LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Gary Koenig
Name of Person
NutriSpi Products USA
Firm/Company
301 Bonaventure Blvd Unit #6
Address
Weston Florida 33326
City/State and Zip Code
garykoenig@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Koenig at (305) 491-1994
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NutriSpi Products USA LLC.

(Must contain 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:

301 Bonaventure Blvd. Unit # 6
Weston Florida 33326

Mailing Address:

301 Bonaventure Blvd. Unit # 6
Weston Florida 33326

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.)

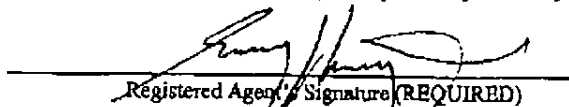
The name and the Florida street address of the registered agent are:

Gary Koenig
Name

301 Bonaventure Blvd. Unit # 6
Florida street address (P.O. Box **NOT** acceptable)

Weston Florida 33326
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 27 AM 10:59

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Gary Koenig MGR

Name and Address:

301 Bonaventure Blvd. Unit # 6
Weston Florida 33326

Inversiones FGJ S.A.S. (AMBR)

Calle 16 No. 13A-13
41132 Carampogare
Huila, Colombia

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

GARY KOENIG

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

5507FB0000811H