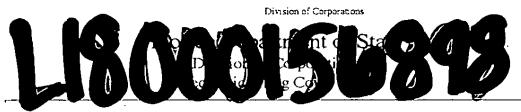
To: 18506176381 From: 12143052508 Date: 06/27/18 Time: 12:08 PM Page: 01/03

6/27/2018



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.

(((H180001907603)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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. VITAFOODS INVESTMENTS III LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MOF 8102

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 12143052508 Date: 06/27/18 Time: 12:08 PM Page: 02/03

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ARTIC	LES OF ORGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY
RTICLE I - Name: ne name of the Limited	Liability Company is:		`.
	INVESTMENTS III LLC		
(Mu	ist contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
TICLE II - Address: mailing address and	street address of the principal o	office of the Limited	Liability Company is:
<u>F</u>	rincipal Office Address:		Mailing Address:
8525 SW 92N MIAMI, FL 3	ID STREET, STE C-12 3156	SAN	ME AS PRINCIPAL OFFICE
MIAMI, FL 3 RTICLE III - Register The Limited Liability Conother business entity was	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration street address of the registered	& Registered Agent. 'on.) d agent are:	
MIAMI, FL 3 RTICLE III - Register the Limited Liability Countries entity was a second control of the control o	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration	& Registered Agent. 'on.) d agent are:	nt's Signature:
MIAMI, FL 3 RTICLE III - Register The Limited Liability Conother business entity w	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registered MARCELO MONTA	& Registered Agent. 'on.) d agent are: ALVAN Name	nt's Signature: You must designate an individual or
MIAMI, FL 3 RTICLE III - Register The Limited Liability Conother business entity w	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration street address of the registered MARCELO MONTA	& Registered Agent. 'on.) d agent are: ALVAN Name	nt's Signature: You must designate an individual or

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)

To: 18506176381 From: 12143052508 Date: 06/27/18 Time: 12:08 PM Page: 03/03

(((H180001907603)))

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	MARCELO MONTALVAN
	8525 SW 92ND STREET, STE C-12
	MIAMI, FL 33156
AMBR	BERNA MONTALVAN
	8525 SW 92ND STREET, STE C-12
	MIAMI, FL 33156
LE V: Effective date, if other than the date of	filing: (OPTIONAL)
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rective date is listed, the date must be specification of filing.) If the date inserted in this block does not meet ament's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed I am aware that any false interests.	fic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be listate's records.

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)