



 Florida Department of State
 Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
VITACOM LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

VITACOM LLC

ARTICLE II: Address

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

**5300 S. ATLANTIC AVE UNIT 2201
NEW SMYRNA BEACH FLORIDA 32169**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE

LISA M BENNETT

**5300 S. ATLANTIC AVE UNIT 2201
NEW SMYRNA BEACH FLORIDA 32169**

Having been named as registered agent 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.

X /S/

Lisa M. Bennett

LISA M BENNETT / Registered Agent's Signature

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VITACOM LLC

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR:

LISA M BENNETT

5300 S. ATLANTIC AVE UNIT 2201

NEW SMYRNA BEACH FLORIDA 32169

X /S/ Lisa M. Bennett

LISA M BENNETT

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (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 s.817.155, F.S.)

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