

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000311766
FILED 8:00 AM
October 02, 2020
Sec. Of State
agent05

Article I

The name of the Limited Liability Company is:
ONE BITE AT A TIME NUTRITION, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
685 30TH AVE N
SAINT PETERSBURG, FL. US 33704

The mailing address of the Limited Liability Company is:
1023 34TH AVE N
SAINT PETERSBURG, FL. US 33704

Article III

Other provisions, if any:
DIETITIAN SERVICES

Article IV

The name and Florida street address of the registered agent is:
MARISA SHAPTER
1023 34TH AVE N
ST PETERSBURG, FL. 33704

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.

Registered Agent Signature: MARISA SHAPTER

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
JAMES SHAPTER
685 30TH AVE N
SAINT PETERSBURG, FL. 33704 US

Title: AP
MARISA SHAPTER
1023 34TH AVE N
ST PETERSBURG, FL. 33704 US

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Article VI

The effective date for this Limited Liability Company shall be:

10/01/2020

Signature of member or an authorized representative

Electronic Signature: MARISA SHAPTER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.