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# CORPORATE When you need ACCESS to the world ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

CERTIFIED COPY					
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DARK NUTRITION, (CORPORATE NAME AND DO	CUMENT#)				_
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### DARK NUTRITION, LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

12555 BISCAYNE BLVD

12555 BISCAYNE BLVD

**SUITE 710** 

**SUITE 710** 

NORTH MIAMI, FL 33181

NORTH MIAMI, FL 33181

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RICARDO ALVAREZ

12555 BISCAYNE BLVD, SUITE 710

NORTH MIAMI, FL 33181

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.

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Registered Agent's Signature

(CONTINUED)

#### ARTICLE IV- Members/Managers

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

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

RICARDO ALVAREZ

12555 BISCAYNE BLVD

**SUITE 710** 

NORTH MIAMI, FL 33181

AMBR

JESUS G. GONZALEZ GUTIERREZ

12555 BISCAYNE BLVD

**SUITE 710** 

NORTH MIAMI, FL 33181

AMBR

JUAN H. SANCHEZ 12555 BISCAYNE BLVD

**SUITE 710** 

NORTH MIAMI, FL 33181

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is March 17, 2022.

REQUIRED SIGNATURE:

/S/RICARDO ALVAREZ

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.

RICARDO ALVAREZ

Typed or printed name of signee