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Division of Corporations

Florida Department of State

Division of Corporations

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To:

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From:

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Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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Email Address: arichards@shumaker.com

**FLORIDA LIMITED LIABILITY CO.  
ARIIX MORINDA EMPLOYMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARIIX MORINDA

2022 OCT 13 AM 10:15  
ARIIX MORINDA

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**ARIIX MORINDA EMPLOYMENT LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **ARIIX MORINDA EMPLOYMENT LLC**.

**ARTICLE II – Address:**

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

7158 S. FLSmith Drive,  
Suite 250  
Midvale, UT 84047

**ARTICLE III – Manager:**

The Limited Liability Company will be manager-managed.

**ARTICLE IV – Indemnification:**

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

**ARTICLE V - Registered Agent and Registered Address**

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

Christina C. Nethero, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

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CLERK OF DISTRICT COURT  
MIDVALE, UT

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 13<sup>th</sup> day of October 2022.

*Christina C. Nethero*

**Signature of 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 in section §17.155, Florida Statutes.)

Christina C. Nethero, Esq.

**Typed or printed name of signee**

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NOTARY PUBLIC  
CHRISTINA C. NETHERO

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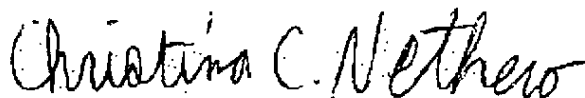
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **ARIIX MORINDA EMPLOYMENT LLC.**
2. The name and the Florida street address of the registered agent are:

Christina C. Nethero, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



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Christina C. Nethero, Esq.  
Registered Agent

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OFFICE OF THE  
CLERK OF THE  
COURT  
TAMPA, FLORIDA