# Florida Department of State

## **Division of Corporations Electronic Filing Cover Sheet**

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.

(((H22000384784 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

\*\*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.

#### Egghead Nutrition, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



(((H220003847843)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Atticization		. 60,40,12.		
ARTIC	LE I - Name:				
The nam	e of the Limited Liabilit	y Company is:			
					• .
	Egghead Nutrition, L	LC			
			Liability Con	pany, "L.L.C.," or "LLC.")	
	<b>(</b> , , ,				
	LE II - Address:				
The mail	ling address and street ac	ddress of the principal of	office of the L	imited Liability Company is:	
	Princip:	al Office Address:		Mailing Ad	dress:
	980 N. Federal High	vav. Suite 110		P.O. Box 638	
	Boca Raton, FL 3343			Boca Raton, FL 33429	
			<del></del>		
ARTIC	LE III - Registered Age	ent, Registered Office,	& Registere	d Agent's Signature:	
				kgent. You must designate an	individual or
another	business entity with an a	ective Florida registration	on.)		
aru.	Auto Dio Cito de con	- dans - Cabo Cabo	<b>.</b>	•	
I he nam	e and the Florida street	address of the registered	a agent are:		
		Jason Graaff			
			Name		•
		980 N. Federal High	way, Suite 11	0	
		Florida street addres	s (P.O. Box I	NOT acceptable)	
		Boca Raton	FL	33432	
		City	State	Zip	
		_			4.4
				for the above stated limited lid	
place desig	gnated in this certificate,	I hereby accept the app	oiniment as ri	egistered agent and agree to a	u in this capacity. I
further agi	ree to comply with the pr	ovisions oj au sianuies ri	elating to the	proper and complete performa	ince of my anties, and
am jamilio	ır wıtn ana accept ine oo	ugations of my position	as regisierea	agent as provided for in Chapt	er 603, r.s.:
			)	andl.	
		7	Iason G	rauss	- 5 mm - 1
		Regist	ered Agent's	Signature (REQUIRED)	-
			Ð- /*	<b>V V V V</b>	T
					F5
			(CONTIN	UED)	
			•		့် လ

(((H220003847843)))

AMBR" = Authorized Member	Name and Address:
MGR" = Manager ·	
MGR	Jason Graaff
<del></del>	100 NW 60th Circle, Apt. 122 Boca Raton, FL 33487
	DOCA RATOR, P12 33407
••	
	•
ctive date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)  the date inserted in this block does not ment's effective date on the Department.	meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) he date inserted in this block does not	meet the applicable statutory filing requirements, this date will no t of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be spontage of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ctive date is listed, the date must be spontage of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be spread of filing.)  the date inserted in this block does not ment's effective date on the Department's effective date of the Department's effect	meet the applicable statutory filing requirements, this date will not of State's records.  Dason Graaff member or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
EV: Effective date, if other than the date ctive date is listed, the date must be spriling.)  The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  Signature of a magnetic date of the document is exected and aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records.  Dason Graaff member or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ctive date is listed, the date must be spread of filing.)  the date inserted in this block does not ment's effective date on the Department's effective date of the Department's effect	meet the applicable statutory filing requirements, this date will not of State's records.  Dason Graaff member or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.