

5/24/24, 10:58 AM

Division of Corporations

L24000233733

Florida Department of State

Division of Corporations

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To:

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Account Name : COMPUTERSHARE  
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FLORIDA LIMITED LIABILITY CO.

Journ Nutrition LLC

Certificate of Status	1
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Page Count	04
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Corporate Filing Menu

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2024 MAY 29 AM 9:04  
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2024 MAY 29 AM 9:12  
SECRETARY OF STATE  
ALLIANCE, FLORIDA



May 28, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

COMPUTERSHARE

SUBJECT: JOURN NUTRITION LLC  
REF: W24000080065

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Managers names are not legible.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

FAX Aud. #: H24000185900  
Letter Number: 224A00011563

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Journ Nutrition LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**227 Michigan Avenue, #402  
Miami Beach, FL 33139**Mailing Address:**227 Michigan Avenue, #402  
Miami Beach, FL 33139**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Marx Rosenthal PLLC

Name

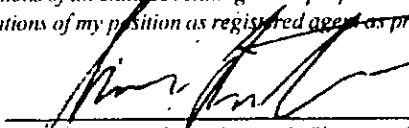
One SE Third Avenue, Suite 1210Florida street address (P.O. Box **NOT** acceptable)MiamiFL33131

City

State

Zip

*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.*

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

**GREG RICHMAN**

227 Michigan Avenue #402

Miami Beach, FL 33139

MGR

MGR

Patrick Bersebach

Gnstav-Adolf-Schreiber-Weg 8

28355 Bremen, Germany

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

**ARTICLE VI:** Other provisions, if any:

This company shall be a manager managed limited liability company under the Florida Revised Limited Liability

Company Act. Only those persons or entities listed as managers may bind the company in any legal manner.

**REQUIRED SIGNATURE:**


**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.

Greg Richman

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)