M08000000079

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
,	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	ne)
(5)	auma and Niversia and	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		

¥.





500113329755

12/24/07--01045--021 **125.00

08 JAN -7 PM 3: LO

COVER LETTER

TO: Registration Section Division of Corporations	<i>;</i> ·
SUBJECT: Vitamin Thrift, LLC (Name of Lim	nited Liability Company)
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
Steve Gagne	and the second s
(Na	ame of Person)
Vitamin Thrift, LLC	
(Fi	rm/Company)
3837 Northdale Blvd.,	Suite 253
	(Address)
Tampa, FL 33624	
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ase call:
Steve Gagne	at (_813) 908-8889
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$\$125.00 \text{ Filing Fee} \sum_\$\$130.00 \text{ Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Conv. of Status & Certified Conv.



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 26, 2007

STEVE GAGNE 3837 NORTHDALE BLVD STE 253 TAMPA, FL 33624

SUBJECT: VITAMIN THRIFT, LLC Ref. Number: W07000061967

HASSET ED STATE

We have received your document for VITAMIN THRIFT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 707A00071550

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Vitamin Thrift, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	<u>,") </u>	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a cop consent of the managers or managing members adopting the alternate name. The alternate name must include "Limite Company," "L.L.C.," "LLC.")	y of the	 le writter bility
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. 26-1394128 (FEI number, if applicable)		
company is organized)		
4. 11/08/2007 (Date of Organization) 5. perpetual (Duration: Year limited liability company will c exist or "perpetual")	ease to	-
6. 10/23/2007		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	_	
7. 3837 Northdale Blvd., Suite 253	0	<u> </u>
Tampa, FL 33624	HAT (HOUSE HOUSE
(Street Address of Principal Office)	- 7	
8. If limited liability company is a manager-managed company, check here	PH	LED COMPO
9. The name and usual business addresses of the managing members or managers are as follows:	3: 40	STATE RATIO
Steve Gagne (manager)		TS
17019 Winners Circle		_
Odessa, FL 33556		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang translation of the certificate under oath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida: Internet-only	sal	e
of vitamins and nutritional supplements to consumers.		
		_
Signature of a member or an authorized representative of a member.		
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:		
Vitamin Thrift, LLC	,	_
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		-
Steve Robert Gagne	NAL 80	31.A10
(Name)	JAN	
17019 Winners Circle	-7 PH	FICEU FORKY OF OF CORR
Florida Street Address (P.O. Box NOT ACCEPTABLE)		SES SES SES SES SES SES SES SES SES SES
Odessa, 33556 FL City/State/Zip	3: 40	TIONS

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

Delaware

ኮልርፑ 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VITAMIN THRIFT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windson Secretary of State

AUTHENTICATION: 6241395

DATE: 12-14-07

4454649 8300

071326720