

L23000030636
 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : KCO SERVICES, LLC
 Account Number : I2020000018
 Phone : (954)744-6605
 Fax Number : (833)648-2730

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: berni120394@gmail.com

2023 1 23 3:04:25

**FLORIDA LIMITED LIABILITY CO.
 JH NUTRITION LLC**

23 JAN 23 PM 12:35

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JH 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:

Mailing Address:

2150 N Bayshore Dr Apt 1808
Miami, Fl 33137

2150 N Bayshore Dr Apt 1808
Miami, Fl 33137

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:

KCO SERVICES LLC

Name

7717 PADDOCK PL.

Florida street address (P.O. Box **NOT** acceptable)

<u>DAVIE</u>	<u>FL</u>	<u>33328</u>
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)

2023 JAN 23 11:13:55

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:

AMBR

JOSE BERNARDO HERRERA ALZATE
2150 N Bayshore Dr Apt 1808
Miami, FL 33137

MGR

MARIETA DEL SOCORRO ALZATE VARGAS
2150 N Bayshore Dr Apt 1808
Miami, FL 33137

MGR

JESUS RAFAEL LIENDO MUJICA
2150 N Bayshore Dr Apt 1808
Miami, FL 33137

(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.

The purpose for which this Limited Liability Company is Organized is:

Any and All Lawful Business.

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.

JOSE BERNARDO HERRERA ALZATE

Typed or printed name of signer

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)

23 JAN 23 11:35