

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

W240002375133

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2024 JUL 12 PM 3:45  
 RECEIVED  
 CORPORATIONS  
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**FLORIDA LIMITED LIABILITY CO.  
 MEDICAL FOOD AND FITS L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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 SECRETARY OF STATE  
 DIVISION

2024 JUL 12 PM 4:08

ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is

Medical Food and Fit, L.L.C.  
(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:

416 Diemaria St.  
West Palm Beach, FL  
33411

416 Diemaria St.  
West Palm Beach, FL  
33411

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:

Tiffany R. Villalba

1176 Shadywood Cir. Apt. A  
Florida street address (P.O. Box NOT acceptable)

West Palm Beach, FL 33415  
City State Zip

Having been named as registered agent and in receipt of process for the above named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that 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.

*T. Villalba*  
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	Name and Address
"AMBR" Authorized Member	Tiffany R. Villalva 1701 S. Broadway, Cor. Apt. A Miami Beach, FL 33145
"AMBR" S Manager	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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

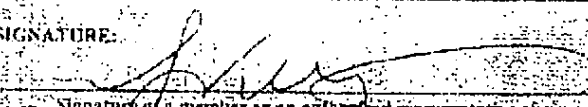
(If an effective date is listed, the date must be specific and cannot be more than five business days prior (or 90 days after) the date of filing.)

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:

\_\_\_\_\_  
\_\_\_\_\_

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 § 817.155, F.S.

Tiffany R. Villalva  
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)