

L10 000077575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

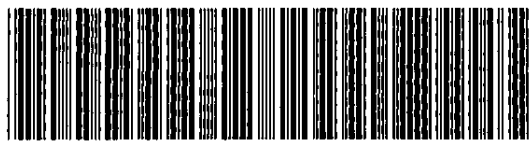
(Document Number)

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JUL 23 2010
EXAMINER



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07/22/10--01015--022 **130.00

FILED
10 JUL 22 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 18, 2010

Re: Formation of **Lifblood Solutions LLC**

Florida Department of State,

Please create my LLC, per the attached forms I submitted.

Thank You,

Monte Stimmel

A handwritten signature in black ink that reads "Monte Stimmel". The signature is written in a cursive style with a large initial 'M' and a long, sweeping underline.

8009 Rural Retreat Court

Orlando, FL 32819

407-970-6975

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LifeBlood Solutions LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monte Stimmel
Name of Person

Lifeblood Solutions LLC.
Firm/Company

8009 Rural Retreat COURT
Address

ORLANDO, FL 32819
City/State and Zip Code

MSTIMMEL@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Stimmel at (407) 352-1334
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lifeblood Solutions LLC,

(Must end with 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:

8009 Rural Retreat Ct.
ORLANDO, FL 32819

SAME

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:

Monte Stimmel
Name

8009 Rural Retreat Court
Florida street address (P.O. Box NOT acceptable)

Orlando, FL 32819
City, State, and Zip

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TALLAHASSEE, FLORIDA

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, F.S..

Monte Stimmel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Bonnie Stimmel
8009 Rural Retreat Ct
ORLANDO, FL 32819

(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.)

REQUIRED SIGNATURE:

Bonnie Stimmel

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bonnie Stimmel

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)