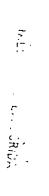
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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	<del></del>
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
·	(DDSNICSS CHILLY Name)	
	(Document Number)	
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SECRETARY OF STATE

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>2/9/2022</u>	**WALK IN**
ENTITY NAME LIVE Y	OUR LIFE FLORIDA, LLC
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
XXXXXX	Plain Copy
<del></del>	Certified Copy
<del></del>	Certificate of Status
,	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA	TION
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$ 125.0	O ACCOUNT # 120160000072
Please call Tina at t	he above number for any issues or concerns. Thank you so much!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SEURETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 FEB -9 PM 12: 15:

Live Yo	ur Life Florida, LLC		
	(Must contain the words "Limited	I Liability Company, '	"L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address	tress: and street address of the principal	office of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
12521 E	auine Lane		
Weiling	ton, FL 33414		
(The Limited Liabil another business en	gistered Agent, Registered Office ity Company cannot serve as its ow tity with an active Florida registrat lorida street address of the register	m Registered Agent. \ ion.)	You must designate an individual or
	Americo B, Anton		
		Name	
	12521 Equine Land		
	Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
	Wellington	FL	33414
	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)

. 4	DTI	CI	r.	IV.	

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Eva Norman	
TOPION	12521Enuine Lane	
	Wellington, FL 33414	
		<del></del>
		<del></del>
	** * * · · · · · · · · · · · · · · · ·	<del></del>
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(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL	}
(If an effective date is listed, the date must be s	pecific and cannot be more than five business days prior to	or 90 days after
the date of filing.)	mand the smaller has estated as Sting are viscoments, this date of	uill mat ha listad on
<b>Note:</b> If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date v	viti not be listed as
·	To but to the state of the stat	
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	6 A- 40 m	22
	aita hawan	28 SEC
	nember or an authorized representative of a member.	
This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Sta se information submitted in a document to the Department of	nutesi ⊃ — i
constitutes a third degr	ee felony as provided for in s.817.155, F.S.	87 R
N. Evita Norm	20	<b>15 15 15 15 15 15 15 15</b>
ix, Evita (NOITi	Typed or printed name of signee	.S. S.

Filing Fees:

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