

L030000000724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

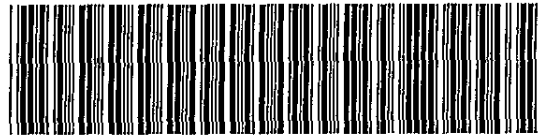
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800009659808

01/08/03--01021--007 **155.00

DIVISION OF CORPORATIONS

03 JAN -8 AM 10:34

RECEIVED

03 JAN -8 AM 11:13

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

974

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

1-8-03

Kelly "

☒ CERTIFIED COPY

~~FILED~~ EUS

☐ PHOTO COPY

☒ FILING LLC

1.) Life Force Labs, LLC.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN - 8 AM 11:13

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION OF LIFEFORCE LABS, LLC
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company is LifeForce Labs, LLC.

**ARTICLE II
Company Address**

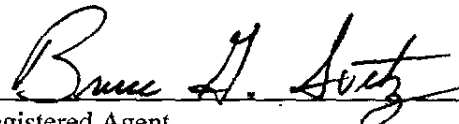
The mailing address and street address of the principal office of the Limited Liability Company is 920 Britt Court, Suite 124, Altamonte Springs, Florida 32701.

**ARTICLE III
Registered Agent, Registered Office and Signature of Registered Agent**

The name and the Florida street address of the registered agent of the Limited Liability Company is:

Bruce G. Svetz
920 Britt Court, Suite 124
Altamonte Springs, Florida 32701

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, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



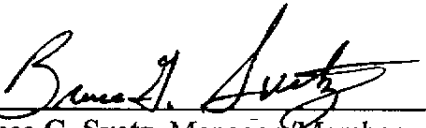
Registered Agent

**ARTICLE IV
Management**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -8 AM 11:13

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 7 day of January, 2003, which shall be effective upon filing with the Florida Secretary of State.



Bruce G. Svetz, Manager/Member

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN - 8 AM 11:13