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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

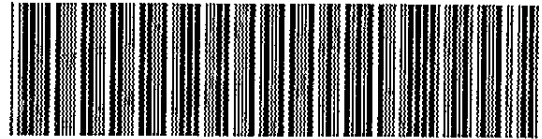
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
03 SEP 29 PM 3:41

W4 9/03

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, Fl. 32399

To whom it may concern:

My name is Henry Zaldivar. My address is 10977 SW 25 Street, Miami, Fl., 33165. My telephone number is 305-223-9003.

The check I am sending covers the filing fee for the Articles of Organization, Designation of Registered Agent, and a Certified Copy. I am very excited to get my business up and running. Thank you in advance for your help. If I can be of service, please do not hesitate to call.

Best Regards,

Henry Zaldivar

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lifestyle Network Unlimited, 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:

Henry Zaldivar, Jr.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

10977 S.W. 25 Street  
(Address)

Miami, FL 33165  
(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Zaldivar, Jr. at ( 305 ) 223-9003  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

*Lifestyle Network Unlimited, LLC*

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

10977 S.W. 25 Street  
Miami, FL 33165

#### Mailing Address:

10977 S.W. 25 Street  
Miami, FL 33165


### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

*Henry Zaldivar, Jr.*  
~~*10977 S.W. 25 Street*~~  
Name

10977 S.W. 25 Street  
Florida street address (P.O. Box NOT acceptable)  
Miami, FL 33165  
City, State, and 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 608, F.S.

  
Registered Agent's Signature

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(CONTINUED)

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Henry Zaldivar, Jr.  
10977 S.W. 25th.  
Miami, FL 33165

MGR

Christophia Lima  
2131 PALAIS DR #9  
MIAMI BEACH, FL 33141

\_\_\_\_\_

\_\_\_\_\_

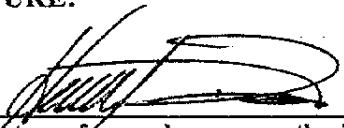
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\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Henry Zaldivar, Jr.  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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