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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

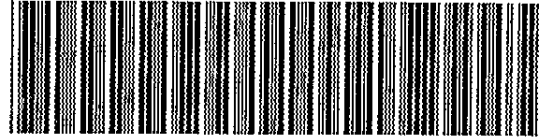
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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Wk 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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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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DIVISION OF CORPORATIONS
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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. 25 St.
Miami, FL 33165

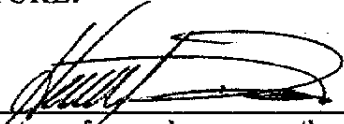
MGR

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

(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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