

L03000044846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

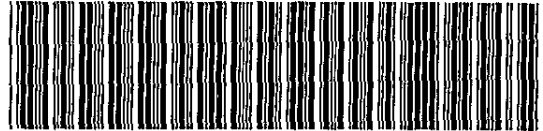
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Center Arts & Crafts Design & Production 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:

Dr. Estella Hollins
(Name of Person)

Life Center Arts & Crafts Design & Production LLC
(Firm/Company)

9327 S.E. Maicamp Road
(Address)

Ocala, FL 34472
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Estella Hollins at (352) 680-1240
(Name of Person) (Area Code & Daytime Telephone Number)

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STATE OF FLORIDA
TALLAHASSEE

FILED

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

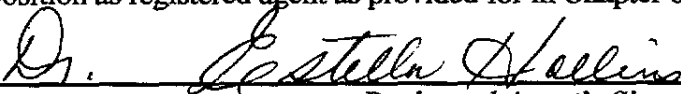
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**ARTICLE IV – Registered Agent,
Registered Office & Registered Agent's Signature:**

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

**Estella Hollins
9 Bahia Place Loop
Ocala, Florida 34472**

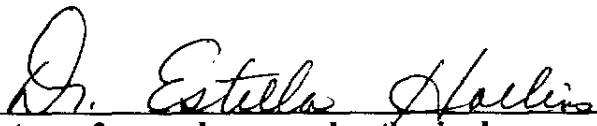
Having been named as registered agent and to accept service of process for the above stated limited liability company as the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

ARTICLE V – Manager or Managing Member

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

<u>Title:</u>	<u>Name & Address:</u>
MGR	Estella Hollins 9 Bahia Place Loop Ocala, Florida 34472


Signature of a member or and 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.)

Dr. Estella Hollins