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## LIMITED LIABILITY COMPANY

New Life Marketing LLC

Certificate of Status	1
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4/19/04

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **New Life Marketing LLC**

## ARTICLE II - Address

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

Principal Office Address:

1439 NW 100th Avenue

Ocala, FL 34482

Mailing Address:

1439 NW 100th Avenue

Ocala, FL 34482

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

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

**Carlo E. Vaccarezza**

Name

**1439 NW 100th Avenue**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Ocala, FL 34482**

(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 608, F.S.*

  
Registered Agent's Signature - Carlo E. Vaccarezza

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMCarlo E. Vaccarezza- 1439 NW 100th Avenue, Ocala, FL 34482MGRMPriscila M. Vaccarezza- 1439 NW 100th Avenue, Ocala, FL 34482

(Use attachment if necessary)

## REQUIRED SIGNATURE:


  
 Signature of a member or 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.)

Carlo E. Vaccarezza

Typed or printed name of signee

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