

MAY. 12. 2004 2:20 PM

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L04000036340

Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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Type the fax audit number (shown below) on the top and bottom
of all pages of the document.

((H04000103904 3)))

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Dear Examiner:

To:
Division of Corporations
Fax Number : (850)205-0383

This entity is being formed in connection
with a major transaction taking place
tomorrow morning, May 13, 2004.

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

We would appreciate any assistance
your office could provide in processing
this document as soon as possible.

Thank you.
Foley & Lardner LLP

Return to Carolyn Smith

RECEIVED
04 MAY 12 PM 2:20
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

GETALIFE LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Fax Audit No **H04000103904****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**The name of the Limited Liability Company is: **GETALIFE LLC****ARTICLE II – Address:**The mailing address and street address of the principal office of the Limited Liability Company are:
60 OCEAN BLVD., SUITE 3, ATLANTIC BEACH, FLORIDA 32233.**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

KELLY M. BOSWELL

Name

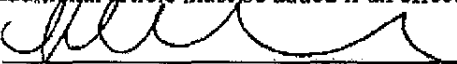
60 OCEAN BLVD., SUITE 3Florida street address (P.O. Box NOT acceptable)ATLANTIC BEACH, FL 32233

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 completed 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.


KELLY M. BOSWELL

(An additional article must be added if an effective date is requested)


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.)

KELLY M. BOSWELL, authorized representative

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)

Fax Audit No.: **H04000103904**

FILED
2004 MAY 12 AM 11:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA