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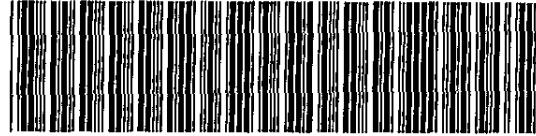
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**PATRICIA L. BOYCHUK, B.S., M.S., J.D.**

Patricia L. Boychuk, P.A.

Attorney at Law

2300 Palm Beach Lakes Boulevard, Suite 305  
West Palm Beach, FL 33409

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Telefax: (561) 686-4645

E-Mail: [PLBCoco@msn.com](mailto:PLBCoco@msn.com)

October 21, 2004

Registration Section  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL 32314

RE: **LIFELINE DVD, L.L.C.**  
**Registration Section**  
**Division of Corporations**

Dear Sir or Madam:

Enclosed for filing please find the following:

- 1) Executed Articles of Organization for LIFELINE DVD, L.L.C.;
- 2) Copy of Articles of Organization for certification;
- 3) Filing fee in the amount of \$155.00 (includes filing fee and Certified Copy).

Please return all correspondence concerning this matter to the following:

Patricia L. Boychuk, Esquire  
c/o PATRICIA L. BOYCHUK, P.A.  
2300 Palm Beach Lakes Boulevard, Suite 305  
West Palm Beach, FL 33409  
(561) 686-1144

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Thank you.

Sincerely,

  
Patricia L. Boychuk

# ARTICLES OF ORGANIZATION

for

## LIFELINE DVD, L.L.C.

### ARTICLE I – Name:

The name of the Limited Liability Company is: **LIFELINE DVD, L.L.C.**

### ARTICLE II – Address:

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

**Principal Office Address:**  
205 Greymon Drive  
West Palm Beach, FL 33405


**Mailing Address:**  
205 Greymon Drive  
West Palm Beach, FL 33405

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

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

**Dianna Shpritz**  
205 Greymon Drive  
West Palm Beach, FL 33405

*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 obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
Dianna Shpritz, Registered Agent

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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:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**


**MGRM**

**Stephen Leek  
5200 North Flagler Drive #202  
West Palm Beach, FL 33407**

**MGRM**

**Dianna Shpritz  
205 Greymon Drive  
West Palm Beach, FL 33405**

*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 hereto are true.*

  
\_\_\_\_\_  
Stephen Leek, MGRM

  
\_\_\_\_\_  
Dianna Shpritz, MRGM

SECRET  
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