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FILED MID 49 2

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Elan Life, LLC (Name of	Limited Liability Company)		<u> </u>
,	, , , , , ,		1
The enclosed Articles of Organization and fee(s) are submitted for filing.			The state of the s
Please return all correspondence concerning this	s matter to the following:		
Christyanne Gaspar	Oleman (CD)		1
	(Name of Person)		· Í
The Elan Life		1	
	(Firm/Company)		
9248 Bonnington Drive			
2240 Boltimigton Dive	(Address)		
	, ,		
Trinity, Florida 34655			TA'S
	(City/State and Zip Code)	}	ECG PA
			超月四
For further information concerning this matter,	please call:	1	SS TO T
Christmann Cannar		are more real	FILED 2004 DEC 10 MM ID 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Christyanne Gaspar (Name of Person)	at (727) 234-8001 (Area Code & Daytime To	elephone Number)	- アジ 薫
(1.1111100)	(11100011000110111111111111111111111111		
Enclosed is a check for the following amount	nt:	and the state of t	DE G
☑ \$125.00 Filing Fee ☐ \$130.00 Filing F		□ \$160.00 Film	
(#55.00) Certificate of Status	1.7	Certificate of Sta Certified Copy	atus &
	(additional copy is enclosed)	(additional copy is a	enclosed)
CTDEET ADDDECC.	MATE INC. A	DDDECC.	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 1, 2004

CHRISTYANNE GASPAR 9248 BONNINGTON DR TRINITY, FL 34655

SUBJECT: THE ELAN LIFE, LTD Ref, Number: W04000039996

We have received your document for THE ELAN LIFE, LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers Document Specialist New Filings Section

Letter Number: 004A00062605

SECRETARY OF STATE



November 19, 2004

Fax: 727-375-7937

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: The Elan Life, LLC, Reference Number W04000039996

To Whom It May Concern,

Please find enclosed my transmittal letter, Articles of Organization, and check for \$55,00. I previously inadvertently tendered a check for \$70.00 and Articles of Incorporation for this company, as I am unfamiliar with the laws of Florida in regards to the creation of legal entities. As such, you already have \$70.00 on file for me, to which you may add the enclosed check, bringing my total submission to the required \$125.00.

Should you require any additional documentation, or should you have any questions of concerns, please feel free to contact me at 727-234-8001. Thank you in advance for your time.

Kindest Regards,

hristvanne Gaspar

enclosures

TOPETABLY OF STATE

ARTICLE I - Name: The name of the Limited Liability Company is: The Elan Life, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 9248 Bonnington Drive Trinity, FL 34655 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Christyanne Gaspar Name 9248 Bonnington Drive Principal Office Address: 9248 Bonnington Drive Christyanne Gaspar Name

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..

FL City, State, and Zip

Trinity, FL 34655

Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Christyanne Gaspar	
	9248 Bonnington Drive	
	Trinity, FL 34655	_
MGR	Jennifer J. Hobbs	
	9248 Bonnington Drive	_
	Trinity, FL 34655	_
_		
		_
		Г
(Use attachment if necessary)		
NOTE: An additional article must be	e added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member of	r an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution ses an affirmation under the penalties of perjury sin are true.)	1464

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Christyanne Gaspar

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2004 DEC 10 M 10: 49
SECRETARY UF STATE
SECRETARY UF STATE

Typed or printed name of signee