

L05000024099

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

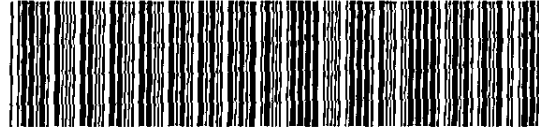
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01/25/05--01003--019 **75.00

03/10/05--01002--025 **50.00

FILED
05/10/05 PM 1:15
TALLAHASSEE, FLORIDA

FILED

05/10/05 PM 1:15

JB
3/1/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Life Force
(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:

Heslie MacDill
(Name of Person)

North Florida Life Force LLC
(Firm/Company)

8412 Pine Cone Road
(Address)

Tallahassee, FL 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

Heslie MacDill at (850) 251-3803
(Name of Person) (Area Code & Daytime Telephone Number)

STATE OF FLORIDA
TALLAHASSEE

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Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
- 50.00
\$ 75.00
- ☐ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

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

February 2, 2005

LESLIE MACDILL
NORTH FLORIDA LIFE FORCE LLC
8412 PINE CONE RD
TALLAHASSEE, FL 32311

SUBJECT: NORTH FLORIDA LIFE FORCE LLC
Ref. Number: W05000005243

We have received your document for NORTH FLORIDA LIFE FORCE LLC and your check(s) totaling \$75.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$50.00.

Please return 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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 105A00007046

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North Florida Life Force LLC

ARTICLE II - Address:

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

Principal Office Address:

8412 Pine Cone Rd.
Tallahassee, FL 32311

Mailing Address:

8412 Pine Cone Rd.
Tallahassee, FL 32311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Leslie Mae Dill
Name
8412 Pine Cone Rd.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32311
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Leslie Mae Dill
Registered Agent's Signature

(CONTINUED)

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:

MGR

Heslie MacDill
8412 Pine Cone Rd.
Tallahassee, FL 32311

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Heslie MacDill
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.)

Heslie MacDill
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)

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TALLAHASSEE, FLORIDA