

L050000110420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

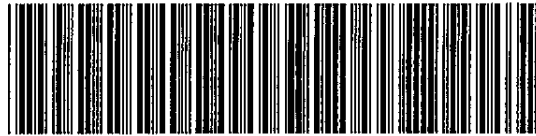
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11/07/05--0006--006 \*\*155.00

EFFECTIVE DATE  
11/8/05

RECEIVED  
05 NOV 15 PM 3:26  
FALL RIVER, FLORIDA  
11/16/05

Charter Number Only

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

lifestories, LLC

EFFECTIVE DATE  
11/8/05

05 NOV 15 PM 3:24  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other *LLC*

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

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Examiner

Updater

Verifier

Acknowledgment

W P Verifier



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 7, 2005

EMPIRE

TALLAHASSEE, FL

SUBJECT: LIFESTORIES, LLC  
Ref. Number: W05000050066

EFFECTIVE DATE  
11/8/05

05 NOV 15 PM 3:24  
TALLAHASSEE, FLORIDA

We have received your document for LIFESTORIES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

This was received in our office on November 7, 2005. It cannot have an effective date as far back as October 1, 2005. Effective dates can be no more than 5 days prior to the actual date of filing.

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) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 805A00066467

RECEIVED  
05 NOV 15 AM 10:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**For**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME:**

The name of the Limited Liability Company is:

Lifestories, LLC

**ARTICLE II ADDRESS:**

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

2694 Irma Lake Drive  
West Palm Beach, Florida 33411

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE:**

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

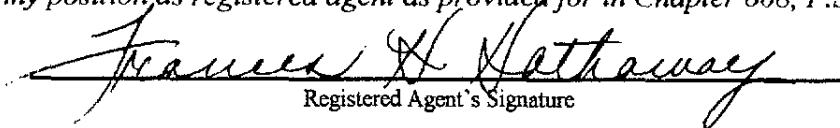
Frances H. Hathaway  
2694 Irma Lake Drive  
West Palm Beach, Florida 33411

**EFFECTIVE DATE**

11/8/05

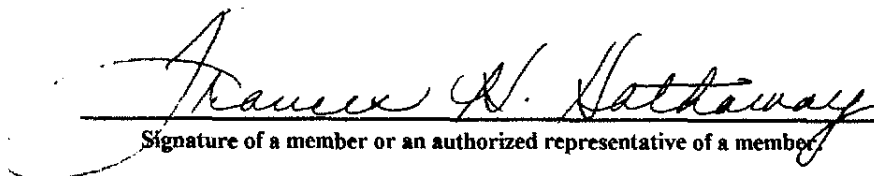
FILED  
NOV 15 PM 3:24  
TALLAHASSEE, FLORIDA

*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.*

  
Registered Agent's Signature

**ARTICLE IV EFFECTIVE DATE**

The effective date of the Limited Liability Company is: November 8, 2005

  
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.)

FRANCES H. HATHAWAY

Typed or printed name of signee