# L06000092213

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

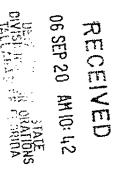
Office Use Only



800079256648

09/20/06--01012--007 \*\*500.00

OG SEP 20 PH 1146
SECRETARY OF STATE
SECRETARY OF STATE



	ACCESS,  INC.  236 East 6th Avenue . Tallahassee, Florida 32303  P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666						
		WALK	(IN	ALL ST	96 SES	7	
	PICK U		3/20/06		18 20 P	B	
	CERTIFIED COPY		<del>-</del>	<u> </u>	E. E. C.	<u> </u>	
V	PHOTOCOPY	ands			ASIA.		
	cus	·				<u> </u>	
W	FILING	LLC	<u> </u>	<del></del>	<u> </u>	<u> </u>	
	ORPORATE NAME AND DOCUM	ENT#)					
	CORPORATE NAME AND DOCUM	ENT#)		<u> </u>		- <u>- 1,5 1,5 = 1</u>	
	CORPORATE NAME AND DOCUM						
((	CORPORATE NAME AND DOCUM			7			

SPECIAL INSTRUCTIONS:

# ARTICLES OF ORGANIZATION FOR THE LIFE NETWORK, LLC

is document constitutes

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.

#### ARTICLE I - NAME

The name of this Corporation shall be "THE LIFE NETWORK, LLC"

#### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 2170 West SR 434, Suite 240, Longwood, Florida 32779.

### ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is William L. Stear.

#### **ARTICLE IV**

## REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is William L. Stear, 2170 West SR 434, Suite 240, Longwood, Florida 32779. 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Dated this 14 day of Soptember, 2006.

William L. Stear, Member and Registered Agent

STATE OF FLORIDA COUNTY OF SEMINOLE

The foregoing Articles of Organization for The Life Network, LLC, a Florida limited liability company, were acknowledged before me this \(\frac{1}{2}\) day of \(\frac{1}{2}\) \(\frac{1}{2}\) with \(\frac{1}{2}\) \(\frac{1}{2}\) 2006, by WILLIAM L. STEAR. Said person did not take an oath and (check one) \(\frac{1}{2}\) is personally known to me, or \(\frac{1}{2}\) produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.

DONNA BATCHELDER
MY COMMISSION # DD 200318
EXPIRES; August 4, 2007
Bondod Titru Notary Public Underwriters

Donna Batchelder

Notary Public - State of Florida Commission Number: DD 200318 My Commission Expires: 08/04/2007