## 100000104690

•		•
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
· (B)	usiness Entity Name	
(5	usinoss Entry Harro,	,
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	-

Office Use Only



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SECRETARY OF STATE



## **COVER LETTER**

			•			
то:	Registration Division of 0					
SUBJE	ECT: DK N	Morlock, LLC	d Lightlife Company			
		(Name of Limite	ed Liability Company)			
		of Organization and fee(s) are s	_			
1 icase	return an corre	spondence concerning uns made	er to the following.			
	Donald A	A.Morlock				
		(	(Name of Person)			
	DK Morle	ock, LLC				
,			(Firm/Company)		<del></del>	
	00416	44				
	294 Kno	ottywood Lane				
			(Address)			
,	Welling	tốn , Fl. 33414				
	•••		/State and Zip Code)		—	
		<b>()</b>	· · · · · · · · · · · · · · · · · · ·			
For fur	ther informatio	n concerning this matter, please	call:			
			•			
Dona	ald A. Mo	orlock	at (561 ) 309-09	29		
	(Nar	ne of Person)	(Area Code & Daytime			
Enclos	ed is a check	for the following amount:				
<b>▼</b> \$125	.00 Filing Fe	e S130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fe	e.	
	<u> </u>	Certificate of Status	Certified Copy	Certificate of Status &	-	
			(additional copy is enclosed)	Certified Copy		
				(additional copy is enclose	~	9
			<u>.</u> .		900	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Mailing Address Registration Section	Street/Courier Addre Registration Section	<u>ss</u>	OCT	Ö.S
		Division of Corporations	Division of Corporation	ons	12	금품
		P.O. Box 6327	Clifton Building	<u>-</u>	.6	25
		Tallahassee, FL 32314	2661 Executive Cente		<b>≥</b> >	-3 <u>-2</u> -
			Tallahassee, FL 32301	l	A	.5 °C

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:
DK Morlock, LLC	
Must end with the words "Limited Liability Company,"	'Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
294 Knottywood Lane	294 Knottywood Lane
Vellington , Fl. 33414	Wellington , Fl. 33414
business entity with an active Florida registration.)  The name and the Florida street address of  Donald A.Morlock	Registered Agent. You must designate an individual or another the registered agent are:
•	
294 Knottywood Lar	
·	et address (P.O. Box <u>NOT</u> acceptable)
	oton, FL 33414
City, S	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d to accept service of process for the above stated ligited of in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.
Registered Agent's S	M 18 WWW ~ \$

(CONTINUED)
Page 1 of 2

"MGR" = Man		Name and Address:	
"MGRM" = Ma	anaging Member		
MGR		Donald A.Morlock	
		294 Knottywood Lane	<del></del>
		Wellington , Fl. 33414	<u> </u>
MGRM		Kathryn .B. Morlock	
<u></u>	<del></del>	294 Knottywood Lane	
		Wellington , Fl. 33414	
			<del></del> -
			<del></del>
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			_
/TT 44 1	t if necessary)		
(Use attachmen	• /		
(Use attachmen			
CLE V: Effective	e date, if other than the	date of filing: (OPT)	IONAL)
CLE V: Effective	isted, the date must be	date of filing: (OPTI	IONAL) ss days pr
CLE V: Effective	isted, the date must be	date of filing: (OPT) especific and cannot be more than five business	IONAL) ss days pr
CLE V: Effective	isted, the date must be	date of filing: (OPT)	IONAL) ss days pr
CLE V: Effective	isted, the date must be date of filing.)	date of filing: (OPT) especific and cannot be more than five busines	ss days pr
CLE V: Effective effective date is li days after the o	isted, the date must be date of filing.)	date of filing: (OPT)	ss days pr
CLE V: Effective effective date is li days after the o	isted, the date must be date of filing.)	date of filing: (OPTi	ss days pr
CLE V: Effective effective date is li days after the o	isted, the date must be date of filing.)  IGNATURE:	e specific and cannot be more than five busines  M A Mum	ss days pr
CLE V: Effective effective date is li days after the o	isted, the date must be date of filing.)  IGNATURE:  Signature of a member	e specific and cannot be more than five busines  M A M M  r or an authorized representative of a member.	ss days pr
CLE V: Effective effective date is li days after the o	isted, the date must be date of filing.)  IGNATURE:  Signature of a member (In accordance with sections)	e specific and cannot be more than five busines  M. A. M. A. Tor an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periury	SS days pr

Filing Fees:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee