

**L06000122123**

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Life Management Solutions, LLC**

Certificate of Status	0
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FAX AUDIT # 4060003013123

**ARTICLES OF ORGANIZATION  
OF  
Life Management Solutions, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Life Management Solutions, LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 8423 SW 10th Rd, Gainesville, Florida 32607.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Nona Jones, 8423 SW 10th Rd, Gainesville, Florida 32607. Located in the County of Alachua.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2046.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Nona Jones, 8423 SW 10th Rd, Gainesville, Florida 32607

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Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,  
Madison, WI 53717

(608) 827-5300

FAX AUDIT # 4060003013123

FAX AUDIT # 1406000343123CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **Life Management Solutions, LLC**

The name and address of the registered agent and office is Nona Jones, 8423 SW 10th  
Rd, Gainesville, Florida 32607. Located in the County of Alachua.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature: Nona JonesDate: 12/21/06

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