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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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LAW OFFICES  
**Grand & Grand, P.A.**  
4010 SHERIDAN STREET  
Hollywood, Florida 33021-3536

Leonard Grand\*  
Mark S. Grand

\*BOARD CERTIFIED IN TAX LAW

BROWARD (954) 989-2889  
DADE (305) 945-2400  
FAX (954) 961-4216

TO: Registration Section  
Division of Corporations

SUBJECT: LIFE MASTERY, LLC  
(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:

MARK S. GRAND, ESQ.

(Name of Person)

GRAND & GRAND, P.A.

(Firm/Company)

4010 SHERIDAN STREET

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON S. BYRNE

(Name of Person)

at ( 954 ) 205-1161

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIFE MASTERY, LLC

ARTICLE II - Address:

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

550 Carrotwood Terrace, Plantation FL 33324

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Sharon S. Byrne

550 Carrotwood Terrace, Plantation FL 33324

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admission shall be:

Additional members may be admitted into the company on such terms and conditions as may be unanimously agreed upon by the members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the limited liability company shall be:

By unanimous vote of the remaining members within ninety (90) days after the occurrence of an event that terminates a member's continued membership, the remaining members may continue the business.

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ARTICLE VII - Effective Date:

The effective date of the limited liability company shall be five (5) business days prior to date of filing; provided that if such day be unauthorized by law, then on the next earliest day allowable pursuant to Florida law for the commencement of existence.

Date June 27, 2007

Sharon S. Byrne

Signature of Member,  
Sharon S. Byrne

STATE OF FLORIDA       )  
                                      ): SS:  
COUNTY OF BROWARD    )

The foregoing instrument was acknowledged before me this 27 day of June, 2007, by Sharon S. Byrne.

Mark S. Grand

(Notary signature)

Notary Print Name: Mark S. Grand

Personally known ✓

Or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Mark S. Grand  
MY COMMISSION # DD254424 EXPIRES  
November 9, 2007  
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 Or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED  
OFFICE, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

LIFE MASTERY, LLC

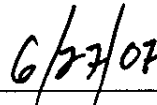
2. The name and address of the registered agent and registered office are:

MARK S. GRAND  
4010 Sheridan Street  
Hollywood, FL 33021

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.



(SIGNATURE)



(DATE)