

L07000098607

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(Business Entity Name)

(Document Number)

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09/26/07--01015--003 **125.00

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
07 SEP 26 PM 1:01

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: Life Always Works, 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:

Cindy Kocher

(Name of Person)

(Firm/Company)

11891 Raintree Drive

(Address)

Temple Terrace, FL 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Kocher

(Name of Person)

at (813) 215-1200
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Life Always Works, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

11891 Raintree Drive
Temple Terrace, FL 33617

Mailing Address:

11891 Raintree Drive
Temple Terrace, FL 33617

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cindy Kocher

Name

11891 Raintree Drive

Florida street address (P.O. Box **NOT** acceptable)

Temple Terrace, FL 33617

City, State, and Zip

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.

Cindy Kocher
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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The name and address of each Manager or Managing Member is as follows.

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Cindy Kocher

11891 Raintree Drive

Temple Terrace, FL 33761

MGRM

DeLynn Baker

408 Belmont Street

Safety Harbor, FL 34695

MGRM

Sandy Turner

6004-P Laketree Lane

Tampa, FL 33617

MGRM

Patricia Pierce

7901 3rd Avenue South

St. Petersburg, FL 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Cindy Kocher

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)