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SECRETARY OF

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Registration Section

Division of Corporations
SUBJECT: LifeStyle Architecture 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:
Donald O Minnick Sr.
(Name of Person)
LifeStyle Architecture
(Firm/Company)
2579 NW 19th Street
(Address)
Fort Lauderdale FL. 33311
(City/State and Zip Code)
For further information concerning this matter, please call:
Donald O Minnick Sr. at (954) 931-9561
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\text{\$\subset\$125.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) \[\text{\$\subset\$}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \]
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•	
The name of the Limited Liability Company is:		
LifeStyle Architecture, LLC.		_
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the prir	ncipal office of the Limited Liability (Company is:
D : 1000 All	No. 12 and Addisons	
Principal Office Address:	Mailing Address:	
2579 NW 19th Street	2579 NW 19th Street	
Fort Lauderdale FL. 33311	Fort Lauderdale FL. 33311	
		_
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signat	nire:
(The Limited Liability Company cannot serve as its own Register		
business entity with an active Florida registration.)		N O
The name and the Florida street address of the reg	gistered agent are:	SECRETAR VISION OF 07 NOV 2
LORI FEINSILVER		
Name		2
2579 NW 19th Stre	et	PH
· · · · · · · · · · · · · · · · · · ·	ess (P.O. Box <u>NOT</u> acceptable)	ယ္တဲ့
Fort Lauderdale FL		28
City, State, an	· -	• ,
Having been named as registered agent and to ac liability company at the place designated in thi	ctept service of process for the above st	lated limited ntment as
registered agent and agree to act in this capacity.	I further agree to comply with the pro	visions of all
statutes relating to the proper and complete perj	formance of my duties, and I am familia	ar with and
accept the obligations of my position as registy	red agent as provided for in Chapter 6	508, F.S
Registered Agent's Signatur	re (REQUIRED)	
Τ		

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

ld O Minnick Sr. NW 19th Stree -auderdale FL.	et	
NW 19th Stree	et	
_auderdale FL.	33311	
		
ng: <u>11/20/2</u> and cannot be		
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<u>'/-</u>	Line	uthorized representative of a m

that the facts stated herein are true.) Typed or printed name of signee

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)