

03/05/2008 10:22:02 AM

0500 POWERED BY OF CAPAX

PAGE 1 OF 3

Division of Corporations

Page 1 of 1

L08000023237

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000057487 3)))



H080000574873ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Another Life Saved, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

08 MAR -5 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR -5 AM 8:34

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

<https://efile.sunbiz.org/scripts/efilcovr.exe>

MAR - 6 2008

3/5/2008

EXAMINER

H08000057487

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Another Life Saved, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

6939 Blue Skies Drive

6939 Blue Skies Drive

Lake Worth, FL 33463

Lake Worth, FL 33463

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

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

Brian Pollack

Name

6939 Blue Skies Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Lake Worth, FL 33463

(City / State / 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.


Registered Agent's Signature - Brian Pollack

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -5 AM 8:34

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

H08000057487

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Brian Pollack - 6939 Blue Skies Drive, Lake Worth, FL 33463

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Brian Pollack

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -5 AM 8:34

H08000057487