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	(Re	questor's Name)	
	(Add	dress)	
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	(City	y/State/Zip/Phon	e #)
☐ PICK-I		WAIT	MAIL
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	(Bus	siness Entity Nar	me)
	(Dod	cument Number)	
Certified Copies		Certificates	s of Status

Special Instructions to Filing Officer:

L. SELLERS

JUN 23 2008

EXAMINER

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SECRETARY OF STATE

COVER LETTER

	ration Section on of Corporations		
SUBJECT. L	ife's About Winning, LL0		
SUBJECT		d Liability Company)	
The enclosed A	rticles of Organization and fee(s) are s	ubmitted for filing.	
Please return al	l correspondence concerning this matte	er to the following:	
Adam	n Law		
	(Name of Person)	
		Firm/Company)	
450 /		r intrompany)	
152 (Greenfield Drive	(Address)	
Jacks	sonville, Florida 32259	(133133)	
		/State and Zip Code)	
For further info	rmation concerning this matter, please	call:	
Adam Lav	v	at (904 , 553-7178	
	(Name of Person)	at (904) 553-7178 (Area Code & Daytime Teleph	one Number)
Enclosed is a c	check for the following amount:		
√ \$125.00 Filin	g Fee \$\sumsymbol{\sumsymbol{\subsymbol{\subsymbol{g}}}\$\$\$ \$130.00\$ Filing Fee & \$\$\$\$ Certificate of Status\$\$\$	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 Circ Tallahassee, FL 32301	le

RICLES OF ORGANIZATION FO	OR FLORIDA LIVITED LIABILITY CONFANT
ARTICLE I - Name: The name of the Limited Liability Comp	any is:
Life's About Winning, LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o Principal Office Address:	f the principal office of the Limited Liability Company is: Mailing Address:
152 Greenfield Drive	152 Greenfield Drive
Jacksonville, Florida 32259	Jacksonville, Florida 32259
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:

Alan D. Henderson

Name

10739 Deerwood Park Blvd, Suite 200A
Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida 32256
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..

(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:

MGRM	Adam Law
	152 Greenfield Drive
	Jacksonville, Florida 32259
	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(Use attachment if necessa	у)
LE V: Effective date. if oth	er than the date of filing: June 18, 2008 . (OPTIONA
	te must be specific and cannot be more than five business day

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.)

TESSE S. MIMYRE ESA

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)