L09000054271

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C. LEWIS

Jun. 5 2009

EXAMINER

COVER LETTER

10;	Division of Cor					
SUBJE	L L	IFESTYLE OF AMERIC	A, LLC			
SUBJE		Name of Limit	ted Liabil	ity Company		
The enc	closed Articles of	Organization and fee(s) are	submitte	d for filing.		
Please r	eturn all correspo	ondence concerning this mat	tter to the	following:		
_		OLGA MIKH	AILOVA			
			Name of	Person		- Therm
		LIFESTYLE OF AME	RICA,	LLC		
-			Firm/Co	mpany		
_		7400 SW 107 Ave	•			
		•	Addı	ess		
_		MIAMI - F1. 33	173			
	•	Cio mkholga@yahoo		d Zip Code		,
-		E-mail address: (to be used	for future	annual report not	ification)	
For furt	her information o	oncerning this matter, pleas	e call:			
		Mikhailova	_ at (305)	733-22	230
	Name o	f Person		Area Code & Da	aytime Tel	ephone Number
Enclose	ed is a check for	the following amount:				,
] \$125.0	00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Cer	i.00 Filing Fe tified Copy tional copy is en	_	\$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 Registration Se Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporation ng e Center	ıs



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2009

OLGA MIKHAILOVA LIFESTYLE OF AMERICA, LLC 7400 SW 107 AVE. MIAMI, FL 33173

SUBJECT: LIFESTYLE OF AMERICA, LLC

Ref. Number: W09000024550

We have received your document for LIFESTYLE OF AMERICA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00017633

June 2, 2009

MEMO:

Dear Carolyn;

Enclosed please find corrected Articles of Organization. As per our telephone conversation please change the name to: Lifestyle 1 of America, LLC

Regards,

Olga Mikhailova

2009 JUN -4 AM 8: 34

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIAN ASSET FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	
LIFESTYLE 1 OF AME	
(Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7400 SW 107 Ave. Miami F1. 33173	7400 SW 107 Ave. Miami, Fl. 33173
The name and the Florida street address of the r OLGA MIKHAILOV	Ť -
Name	
7400 SW 107 A	ve.
Florida street address (P.O.	
MIAMI	FL 33173
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	Ure (REOLURED)

(CONTINUED)

Page 1 of 2

FILED

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

2009 JUN -4 AM 8: 34

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u> </u>		Name and Address:	TALLAHAS
"MGR" = Ma "MGRM" = N	inager Managing Member		
MGR / MG		01 Wilheilen 740	O CII 107 A
FIGK / FIG		Olga Mikhailova - 740	
		Mia	mi - Fl. 33173
			· · · · · · · · · · · · · · · · · · ·
			
			
(Use attachme	ent if necessary)		
(Use attachmo	ent if necessary)		
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LE V: Effecti fective date is days after the	sisted, the date must e date of filing.) SIGNATURE: Signature of a memiliar of this document conthat the facts stated in the sistem of the state o	be specific and cannot be more that bet or an authorized representative of a section 608.408(3), Florida Statutes, the excitation under the penalties	n five business days member. ecution

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)