L09000088856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER

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DIVISION OF CORPORATIONS
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JOHN W. WEST III, P.A. ATTORNEY AT LAW • BOARD CERTIFIED TAX ATTORNEY

ONE SARASOTA TOWER
2 NORTH TAMIAMI TRAIL, SUITE 306
SARASOTA, FLORIDA 34236

TELEPHONE 941.953.9600
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E-MAIL JWEST@JOHNWESTIII.COM
WEBSITE WWW.JOHNWESTIII.COM

ALSO ADMITTED IN WASHINGTON, D.C.

September 10, 2009

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Longevity Links, LLC

To Whom It May Concern:

Enclosed please find the Articles of Organization of Longevity Links, LLC, along with a check in the amount of One Hundred Thirty Dollars ($130.00).

Kindly file these Articles and provide us with a Certificate of Status.

Please do not hesitate to call me if there are any questions regarding this matter.

Very truly yours,

John W. West III

JWW/lrh
Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LONGEVITY LINKS, 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:

Sheila Belknap
Name of Person

Firm/Company

8448 Miramar Way
Address

Lakewood Ranch, FL 34202
City/State and Zip Code

sheilabelknap@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Belknap at (941) 366-5007
Name of Person — 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

LONGEVITY LINKS, 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:	**Mailing Address:**
8448 Miramar Way Lakewood Ranch, FL 34202	8448 Miramar Way Lakewood Ranch, FL 34202

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:

Sheila Belknap
Name

8448 Miramar Way
Florida street address (P.O. Box **NOT** acceptable)

Lakewood Ranch 34202 FL
City, State, and Zip

FILED
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DIVISION OF CORPORATIONS
09 SEP 14 PM 3:05

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..

Sheila Belknap
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR/MGRM	Sheila Belknap 8448 Miramar Way Lakewood Ranch, FL 34202

(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:

Sheila Belknap

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.)

Sheila BELKNAP
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)