Florida Department of State **Division of Corporations 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.

(((H10000037276 3)))



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

Pax Number

: (850)617-6383

From:

: HUBCO Account Name

Account Number : 104662003400

: (516)935-3940

Fax Number

: (516)935-3088

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA/FOREIGN LIMITED LIABILITY CO.

American Financial Lifeline LLC

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

J. BRYAN

FEB 1 9 2009

H10000037276

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is: American	Financial Lifeline 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:			
6278 N. Federal Highway #400	6278 N. Federal Highway #400			_
Fort Lauderdale, FL 33308	Fort Landerdale, FL 33308		_	-
<u> </u>				_
ARTICLE III - Registered Agent, Registered Office The name and Florida street address of the registered agent are:	e & Registered Agent's Signature	SECRETA FALLAHAS	10 FEB I	
Harry M. Samue	is	RY (8	
	Name)FS	A# 8	
2901 Stirling Roa	d, Suite 307	ORI ORI	8. O	_
(P.O. Box or M	fail Drop Box NOT Acceptable)		7	
Fort Lauderdale,	FL 33312			
(Ci	ty / State / Zip)			
Having been named as registered agent and to accept service at the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation Chapter 608, F.S. Registered Agent's Signat	e appointment as registered agent and age statutes relating to the proper and compli- ons of psy position as registered agent as p	ree to act ete perfu	t in this	is ce

ARTICLE IV - Manager(s) or The name and address of each Manager	Managing Member(s): H10000037276 ger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gregg Ferstman - 6278 N. Federal Highway #400, Fort Lauderdale, FL 33308
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
	Sun 2
Signature of	f a member or authorized representative of a member.
	ee with section 608.408(3), Florida Statutes, the execution of this stitutes an affirmation under the penalties of perjury that the facts are true.)

Gregg Ferstman

Typed or printed name of signee

TO FEB 18 AM 8: 07
SECRETARY OF STATE