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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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A. LUNT

MAR -9 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIFELINEHOSTING.NET

6847A N. 9th Ave STE 266 – Pensacola, FL 32504 1-888-278-5661

Feb 28th, 2010

Registration Section
Div of Corporations
PO Box 6327
Tallahassee, FL 32314

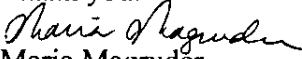
To Whom It May Concern,

LifelineHosting.Net, located at: 7451 Baywoods, Lane, Pensacola, FL 32504 is
registering for LLC license.

Our contact phone number is: 888.278.5661 or 850.525.1581.

We are enclosing an additional \$30 for a certified copy.

Thank you.


Maria Magruder
LifelineHosting.Net

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFELINE HOSTING.NET, LIMITED LIABILITY Co.
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:

MARIA MAURER
Name of Person

LIFELINE HOSTING.NET, LLC
Firm/Company

6847A N. 9th AVE #246
Address

PENSACOLA, FL 32504
City/State and Zip Code

maria@lifelinehosting.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MARIA MAURER at (888) 278-5261
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:

LIFELINE HOSTING.NET LIMITED LIABILITY COMPANY
(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:

7451 BAYWOODS LN
PENSACOLA FL 32504

Mailing Address:

6847A N. 9th AVE #206
PENSACOLA FL 32504

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:

MARIA MAURER
Name
7451 BAYWOODS LN
Florida street address (P.O. Box **NOT** acceptable)
PENSACOLA FL 32504
City, State, and Zip

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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..

Shania Ragud
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

MARIA MAURUDER
7457 BAY WOODS LN
PENSACOLA, FL 32504

MGRM

DANIEL PERKINS
11102 AMORA CIR
EAGLE RIVER, AK 99577

MGRM

SHELLI PERKINS
11102 AMORA CIR
EAGLE RIVER, AK 99577

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/2010 (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:

Shania Shaguder
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.)

MARIA MAURUDER
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)

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TALLAHASSEE, FLORIDA