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Certified Copies	Certificates	s of Status	
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Special Instructions to	Filing Officer:		
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Office Use Only



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Effective Date 09/01/10

T. HAMPTON

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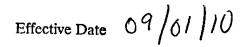
EXAMINER

COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT: Natural	ife Global LLC		
	Name of Limit	ed Liability Company	
	of Organization and fee(s) are condence concerning this matter	_	
Michael J Ha	zlett		
		Name of Person	
NaturaLife Gl	obal LLC		
		Firm/Company	
1500 Main St			
		Address	
Palm Bay FL			
	·	y/State and Zip Code	
acaigal@hotn		or future annual report notification)	
For further information	concerning this matter, please	• ,	
Amy Hazlett		at (321)863-5544	
Name	of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 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	le

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is:
NaturaLife Global LLC	
(Must end with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	ss of the principal office of the Limited Liability Company is: Mailing Address:
1500 Main St	Same
Palm Bay FL 32905	•
	
	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another n.)
The name and the Florida street addre	ess of the registered agent are:

Michael J Hazlett	
	Name
544 Lake Ashley C	ir
Florida s	treet address (P.O. Box NOT acceptable)
W Melbourne	FL 32904
	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..

s Signature (REQUIRED)

(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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	nber
MGRM	Michael J Hazlett
·	544 Lake Ashley Cir
	W Melbourne FI 32904
MGR	Amy A Hazlett
	544 Lake Ashley Cir
	W Melbourne FL 32904
	
(Use attachment if necessary	.)
(Ose attachment if necessary	')
CLEV. Effective date if other	r than the date of filing: September 1, 2010
	e must be specific and cannot be more than five business days prio
90 days after the date of filing.	
o days after the date of ming.	y and the second se
REQUIRED SIGNATURE	2:
Ω	
///	with that the
Signature of	f a member of an authorized representative of a member.
(In accordan	ace with section 608.408(3), Florida Statutes, the execution
of this docur	ment constitutes an affirmation under the penalties of perjury

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)

Michael J Hazlett

that the facts stated herein are true.)

10 AUG 25 AH 10: 18

Typed or printed name of signee