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Special Instructions to Filing Officer:

L. SELLERS

FEB 2.3. 2011

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

	tegistration Section Division of Corporations
SUBJECT	r. MaxLife Industries, LLC.
BOBOLE	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
S	cott MacDonald
	Name of Person
N	faxLife Industries, LLC.
	Firm/Company
1	241 E Maxwell Street
	Address
Pe	ensacola, FL 32503
	City/State and Zip Code
Dis	scotti.macdonald@gmail.com  E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
Scott M	facDonald at ( 850 ) 776-2657
	Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 Fi	ling Fee \$\bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AT DOMOZELINITIZO LA IDILATI COMITANI
ARTICLE I - Name: The name of the Limited Liability Company	y is:
MaxLife Industries, 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	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1241 E Maxwell Street	1241 E Maxwell Street
Pensacola, FL 32503	Pensacola, FL 32503
The name and the Florida street address of  Scott MacDonald  1241 E Maxwe	lame
	et address (P.O. Box <u>NOT</u> acceptable)
Pensacola	EL 32503
	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Pagistared Agent's C	Signature (DEOLIDED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Memb	Name and Address:
MGRM	Scott MacDonald
	1241 E Maxwell Street
	Pensacola, FL 32503
<del>,</del>	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
LE V: Effective date, if other fective date is listed, the date	than the date of filing: (OPTIO must be specific and cannot be more than five business of
fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of	than the date of filing: (OPTIO must be specific and cannot be more than five business of a member or an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of  (In accordance with seconstitutes an affirmal 1 am aware that any factors.)	than the date of filing: (OPTIO must be specific and cannot be more than five business of
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of  (In accordance with seconstitutes an affirma I am aware that any faconstitutes a third degrees.)	than the date of filing: (OPTIO must be specific and cannot be more than five business of a member or an authorized representative of a member.  Excition 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. Alse information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)  acDonald
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of  (In accordance with seconstitutes an affirma I am aware that any faconstitutes a third degrees.)	than the date of filing: (OPTIO must be specific and cannot be more than five business of a member or an authorized representative of a member.  Extion 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, alse information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)

\$ 5.00 Certificate of Status (Optional)