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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

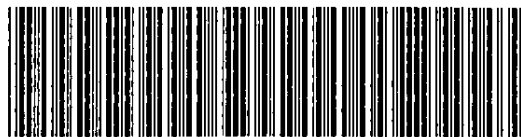
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 10 AM 9:58

C. LEWIS
MAR 11 2011
EXAMINER

K. RAY PINKSTAFF, P.C.

ATTORNEYS AT LAW

FIVE HANNA PLACE OFFICE PARK, SUITE 6000

PO BOX 31408

KNOXVILLE, TENNESSEE 37930-1408

FACSIMILE (865) 690-7806

WRITER'S DIRECT DIAL
(865) 690-7430

K. RAY PINKSTAFF

March 7, 2011

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Living Intentionally for Excellence, LLC

Dear Sir:

Enclosed please find the Articles of Organization for the above-referenced limited liability company. Please accept this document for filing and return the approved Articles to me at your earliest convenience to the address listed above. Also enclosed is a check in the amount of \$130.00 for the filing fee.

Please feel free to contact me if you have any questions. Thank you for your assistance in this matter.

Sincerely yours,



K. Ray Pinkstaff

KRP/ajf
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Living Intentionally for Excellence, 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:

K. Ray Pinkstaff

Name of Person

K. Ray Pinkstaff Attorney at law

Firm/Company

PO Box 31408

Address

Knoxville, TN 37930

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. Ray Pinkstaff

Name of Person

at (865) 690-7010

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:

Living Intentionally for Excellence, 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:

12184 Riverbend Rd
Port St. Lucie, Florida 34984

Mailing Address:

4072 Market Place Drive
Flint, MI 48507

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:

Orrin Woodward

Name

12184 Riverbend Rd

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

Port St. Lucie FL 34984

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2011 MAR 10 AM 9:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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2011 MAR 10 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Orrin Woodward

12184 Riverbend Rd

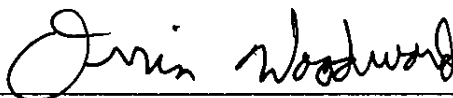
Port St. Lucie, Florida 34984

(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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Orrin Woodward

Typed or printed name of signer

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)