

L11000047078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

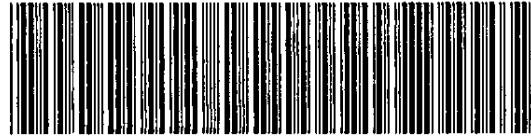
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 19 PM 10 59

FILED

C. LEWIS  
Apr. 20, 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2011

DAVID E. CHAPPER  
OUR LIFE PRODUCTS INC.  
3400 TWIN LAKES TERRACE, UNIT 205  
FT. PIERCE, FL 34951

SUBJECT: OURLIFE PRODUCTS L.L.C.  
Ref. Number: W11000007006

We have received your document for OURLIFE PRODUCTS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P99000004934.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00003054

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Our Life Products L.L.C.  
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:

David E Chapper

Name of Person

Our Life Products Inc.

Firm/Company

3400 Twin Lakes Terrace, Unit 205

Address

Ft. Pierce, FL 34951

City/State and Zip Code

realestate@chappergroup.com

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

For further information concerning this matter, please call:

David Hoines

Name of Person

at ( 954 ) 772-2444

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

**OUR LIFE PRODUCTS INC.  
3400 Twin Lakes Terrace Inc.  
Unit 205  
Ft. Pierce, FL 34951**

**Phone: 954-914-5757 \*\*\*\*\*Facsimile: 772-409-4779**

**January 26, 2011**

**Registration Section  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**FILED  
2011 APR 19 PM 10 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Re; Release of Corporate Name**

**Gentlemen:**

**This is to advise you that we as of the date stated above  
January 26, 2011 we release all right, title, and interest in the  
corporate name Our Life Products Inc. Specifically we wish  
to release it for use by Our Life Products L.L.C.**

**Thank you for your cooperation.**

**Yours truly,  
Our Life Products Inc.**

  
**David E. Chapper, President**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ourlife Products L.L.C.

(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:**

3400 Twin Lakes Terrace

Unit 205

Ft Pierce, FL 34951

**Mailing Address:**

3400 Twin Lakes Terrace

Unit 205

Ft Pierce, FL 34951

**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:

David E. Chapper

Name

3400 Twin Lakes Terrace

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

Ft Pierce

FL 34951

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

David E. Chapper

3400 Twin Lakes Terrace, Unit 205

Ft Pierce, FL 34951

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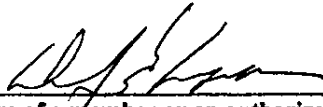
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(Use attachment if necessary)

**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.)

DAVID E. CHAPPER

\_\_\_\_\_  
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)**