

L11000050223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Called 4/28/11  
Left message  
Adding "mgrm"  
to "Page 2" of Articles  
up

Office Use Only



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FILED  
11 APR 26 AM 11:55  
STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

APR 28 2011

EXAMINER

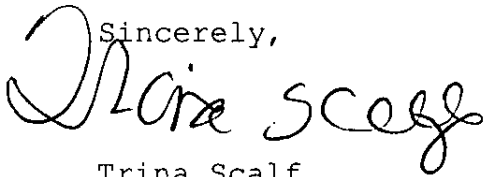
To: Florida Department of State, L.L.C. division  
From: Trina Scalf

Please process my application for a limited liability Company named Life Resolutions. I have looked on your site to inquire if any other organizations have that name, but none were found.

If you have any questions my home telephone number is 352-447-6285, and my cell telephone number is 352-586-3877.  
Thank you for your help in this matter.

Trina Scalf  
209 Hammock Road  
Inglis, FL 34449

Sincerely,

A handwritten signature in cursive script that reads "Trina Scalf". The signature is written in dark ink and is positioned below the word "Sincerely,".

Trina Scalf

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Life Resolutions 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:

Trina Scalf  
Name of Person

Life Resolutions L.L.C.  
Firm/Company

209 Hammock Road  
Address

Inglis, FL 34449  
City/State and Zip Code

Trina 777 @ localnet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trina Scalf at (352) 586-3877  
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:

Life Resolutions 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:

209 Hammock Rd.  
Inglis, FL 34449

#### Mailing Address:

209 Hammock Rd.  
Inglis, FL 34449

### 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:

Trina Scalf  
Name

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

Inglis FL 34449  
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..*

Trina Scalf

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

MGRM

**Name and Address:**

Trina Scelf  
209 Hammock Rd.  
Inglis, FL 34449

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TALLAHASSEE, FLORIDA

(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:**

Trina Scelf

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.)

Trina Scelf

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)**