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annual	email address for this business en report mailings. Enter only one e Address:		
	FLORIDA LIMITED LIABI		
	MyLivingLegacy LI	C.	
RECEIVED II MAY 20 AH IO: 43 SECRETARY OF STATE ALLAHASSEE, FLORIDA	Certificate of Status Certified Copy Page Count Estimated Charge	0 1 02 \$155.00	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name; The name of the Limited Liability Company is; []

MyLivingLegacy LLC

(Must and 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:

Mailing Address:

<u>5491</u>	SE	Scho	oner	Oaks	Way	
Stuar	t,	FL	34997			

Stuart.

5491 SE Schooner Oaks Way Stuart, FL 34997

	20	_
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	E	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Litbility Company cannot serve as its own Registered Agent. You must designsts an individual or another bosiness endry with an active Florids registration.)	AHA	MAY
The name and the Florida street address of the registered agent are:	TARY	20
John Mee		AM
Name	ES.	
5491 SE Schooner Oaks Way	DRID	8 2
Florida street address (P.O. Box NOT acceptable)	>	دن

 $rt, \qquad \frac{34997}{1000}$

FL Of 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 dutics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

stared Agent's Signature (REQUIRED)

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Page 1 of 2

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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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Joanne Davis		
	5401 SE Schooner Oaks Way Stuart, ML 34997		
MGR	John Me o		
	5491 SE Schooner Oaks Way	•	
	<u>Stuart, FL 34997</u>	,	
		•	
	· · · · · · · · · · · · · · · · · · ·	. A. 2	
		2011 MAY 20 SECRE TAR: ALLAHASSI	
		MAY 20 Retary Ahassi	
(Use attachment if necessary)		20 AR)	L'ANDER -
ARTICLE V: Effective date, if other than the	date of filing: (OPTIO	NAL) days prior 😤	11
to or 90 days after the date of filing.)	e specific and cannot be more than five business		
		RIDU RIDU	
<u>REQUIRED</u> SIGNATURE:		$\mathbf{P}_{\mathbf{r}}$ \mathbf{m}	
Signature of a member	The Margaret		
(In accordance with section 60	8,408(3), Florida Statutes, the execution of this document		
I am aware that any false infor	r the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	•	
Stewart M. McGou	yh, Esq., Authorized Representative		
<u>در</u>	red or printed name of signes		
Filing Frees;			
5125.00 Filling Fee for Articles of Org	nization and Doliguation		

of Registored Agent \$ 30.00 Certified Copy (Optional) ... \$ 5.00 Certificate of Status (Optional)

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