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2011 JUN 27 AM 11:09

C. LEWIS

JUN 28 2011

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: SUP Life, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi E. Murphy
The Law Office of Jodi E. Murphy
1111 Douglas Avenue
Altamonte Springs, FL 32714
E-mail address (to be used for future annual report notification): jodi@jodimurphyllaw.com

For further information concerning this matter, please call:

Jodi E. Murphy at (407) 267-2881

Enclosed is a check for the following amount: \$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
OF
SUP LIFE, LLC

ARTICLE I - NAME

FILED
2011 JUN 27 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of the limited liability company is SUP Life, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

225 Rollingwood Trail
Altamonte Springs, Florida 32714

Mailing Address:

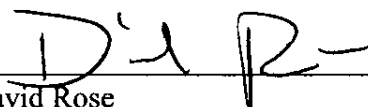
225 Rollingwood Trail
Altamonte Springs, Florida 32714

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

David Rose
225 Rollingwood Trail
Altamonte Springs, Florida 32714

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..



David Rose

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

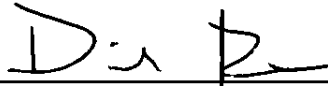
MGR

David Rose
225 Rollingwood Trail
Altamonte Springs, Florida 32789

MGR

Edwin "Ned" Johnson
683 Sausalito Blvd
Cassleberry, Florida 32707

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.)

David Rose

Typed or printed name of signee

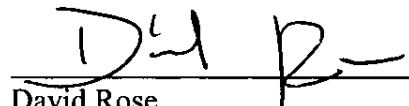
2011 JUN 27 AM 11:36
FILED
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUP Life, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is SUP Life, LLC.
2. The name and the Florida street address of the registered agent and office are:
David Rose
225 Rollingwood Trail, Altamonte Springs, Florida 32714 (Post office box is NOT acceptable.)

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, Florida Statutes.



David Rose
Registered Agent

2011 JUN 27 AM 11:38
TALLAHASSEE, FLORIDA

FILED