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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JAN 24 2012

COVER LETTER

	ion Section of Corporations			
SUBJECT: Life	Rich Money Rich,	LLC		
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all co	rrespondence concerning this ma	atter to the following:		
Wade	Galt			
TTAGE	Ouit	Name of Person		
	····	Firm/Company		
7955 Airport Road N. Suite 204		2012 JAN 2 SECRETAR ALLAHASS		
		Address	ASSO	
Naples,	FL 34109		MC Co	
		ity/State and Zip Code		
wade@i	iferichmoneyrich.com E-mail address: (to be used	for future annual report notification)	STATE ORIDA	
For further informa	tion concerning this matter, plea	se call:	•	
Wade Galt		at (239 465-0230		
	ame of Person	Area Code & Daytime Telephone Number		
Enclosed is a cha	ck for the following amount:			
\$125.00 Filing Fee	_	(additional copy is enclosed) Certified	e of Status &	
	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 Rich Money Rich, LLC. (Must end with the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address: Ma	iling Address:
	55 Airport Road N. Suite 204 ples, FL 34109
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its own Registered A business entity with an active Florida registration.) The name and the Florida street address of the registe Wade Galt Name	gent. You must designate an individual or another
7955 Airport Road N.	Suite 204 🖼 🖼 🗢 🗀
•	P.O. Box NOT acceptable)
Naples FL City, State, and	34109
Having been named as registered agent and to accept liability company at the place designated in this ce registered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registered. Registered Agent's Signature (R	t service of process for the above stated limited ertificate, I hereby accept the appointment as urther agree to comply with the provisions of all nance of my duties, and I am familiar with and l agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

MGR Wade Galt 7955 Airport Road N. Suite 204 Naples, FL 34109 (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.)

> Wade Galt 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)