

L12000046246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

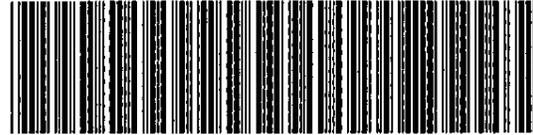
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100227048691

04/03/12--01024--008 \*\*155.00

FILED  
12 APR -3 PM 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

*Original copy to be  
DATE STAMPS AND  
RETURNED*

TO: Registration Section  
Division of Corporations

SUBJECT: LIFESTYLE ENVIRONMENTS IMPROVEMENT, LLC.  
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:

SOLOMON JAMES  
Name of Person

LIFESTYLE ENVIRONMENTS IMPROVEMENTS, LLC.  
Firm/Company

1275 N.W. 40TH STREET  
Address

MIAMI, FLORIDA: 33142  
City/State and Zip Code

lifestyleenvironmentimprove@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOLOMON JAMES at (305) 915-7504  
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:

**LIFESTYLE ENVIRONMENTS IMPROVEMENT, LLC.**

(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:**

1275 N. W. 40TH STREET  
MIAMI, FLORIDA.  
33142

**Mailing Address:**

P.O. BOX 695248  
MIAMI, FLORIDA.  
33269

**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:

SOLOMON JAMES

Name

1275 N. W. 40TH STREET

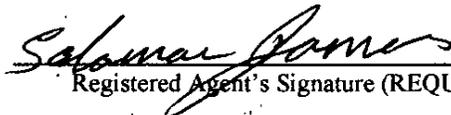
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33142

City, State, and Zip

FILED  
12 APR -3 PM 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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

**Name and Address:**

MANAGER

SOLOMON JAMES

1275 N. W. 40TH STREET

MIAMI. FLORIDA. 33142

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 30TH 2012 (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.)

**SOLOMON JAMES**

Typed or printed name of signee

FILED  
12 APR -3 PM 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)