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Certified Copies	_ Certificates	of Status
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OCT - 4 2012

T. HAMPTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Island Life CEO, LLC  Name of Limit	ited Liability Company
		, ,
The en	aclosed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Eric and Christie Waechter	
		Name of Person
	- 11,	Firm/Company
	3082 Rio Baya North	
		Address
ı	ndialantic, Florida, 32903	
		ity/State and Zip Code
9	ewaechter5@gmail.com	for future annual report notification)
For fur	ther information concerning this matter, pleas	
Eric V	Vaechter	at (321 ) 600-4093
<del>-1-2</del>	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	
	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Side Side Side Side Side Side Side Side
	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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Island Life CEO, LLC (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3082 Rio Baya North Indialantic, Florida	3082 Rio Baya North Indialantic, Florida
32903	32903
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the r  Eric Waechter	· .
Name	
3082 Rio Baya North	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Indialantic	FL32903
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
(CONTIN	UED) မိမ်းမြော

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 "MGRM" = Managing Member	Name and Address:
MGR	Eric Waechter 3082 Rio Baya North
	Indialantic, Florida, 32903
MGRM	Christie Waechter
	3082 Rio Baya North
	Indialantic, Florida 32903
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  CLE V: Effective date, if other than t	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem	t be specific and cannot be more than five business days properties of a member.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of the effective date is listed, the date must 0 days after the date of filing.)	nber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document older the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section of constitutes an affirmation under the lambda and lambda	nber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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\$ 5.00 Certificate of Status (Optional)