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(Requestor's Name)
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FILED 2013 JAN 22 PH 3: 49

JAN 2 3 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

NURLECT: Dyme Lyfe 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:

Arthur Hurley

Game Plan

Firm/Company

2401 NW Boca Raton Blvd.

Address

Boca Raton, FL 33431

City/State and 7

City/State and Zip Code

art@gpfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Hurley

...561

953-1510

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:	\$ 10 T
The name of the Limited Liability Comp	red Liability Company, "L.L.C.," or "LLC.")
Dyme Lyfe LLC	2 ·
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ADTICLETE ALL	6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
The maining address and street address o	The principal office of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
1331 Brickell Bay Drive, BL-21	2401 NW Boca Raton Blvd.
Miami, FL 33131	Boca Raton, FL 33431
business entity with an active Florida registration.) The name and the Florida street address and Arthur J Hurley	of the registered agent are:
	Name
2401 NW Boca Raton Blv	vd.
	street address (P.O. Box NOT acceptable)
Boca Raton, FL 33	3431 _{FL}
	City, State, and Zip
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and a and accept the obligations of my position.	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S
Registered Agent	's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Genos Williams
	1331 Brickell Bay Drive, BL-21
	Miami, FL 33131
	<u> </u>
	D
41 1 10 N	
(Use attachment if necessary)	n the date of filing: (OPTIO)
LE V: Effective date, if other that if fective date is listed, the date	n the date of filing: (OPTIO) must be specific and cannot be more than five busi
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CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section	must be specific and cannot be more than five busing.)
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false)	must be specific and cannot be more than five busing.) The most of an authorized representative of a member. The most of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing recorded and the signature of a management of the section of	must be specific and cannot be more than five busing.) The property of a member of a member on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false)	must be specific and cannot be more than five busing.) The most of an authorized representative of a member. The most of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

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