

L13 0000 10373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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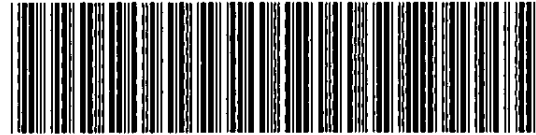
(Business Entity Name)

(Document Number)

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LLC

1. PHILANTROPIC LiFeSTyLE LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I.

The name of the Limited Liability Company is:

PHILANTROPIC LIFESTYLE LLC

ARTICLE II.

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

1504 Bay Rd Apt. 3201

Miami Beach FL 33139

The mailing address of the Limited Liability Company is:

1504 Bay Rd Apt. 3201

Miami Beach FL 33139

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

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

JONATHAN BABICKA

1504 Bay Rd Apt. 3201

Miami Beach FL 33139

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Page 2.

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

5/10/13

Date:

ARTICLE V

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

Name and Address:

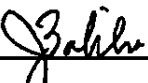
Title:

JONATHAN BABICKA

MGRM

1504 Bay Rd Apt. 3201

Miami Beach FL 33139



Managing Member

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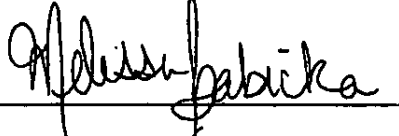
Page 3.

MELISSA BABICKA

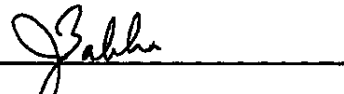
MGR

1504 Bay Rd Apt. 3201

Miami Beach FL 33139




Manager

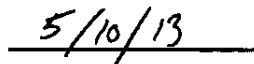


Signature of a member or an authorized representative of a member.

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.



Typed or printed name of signee



Date

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