## 2/3000/59496

(Red	uestor's Name)	
(Add	iress)	<u> </u>
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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## **COVER LETTER**

TO: Registration Division of C			
subject: Rea	l Life Lab, LL0		20 8 KW
Sobret.	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	\$500 <b>-8</b>
Please return all corre	spondence concerning this matt	ter to the following:	다. 다
Eric Sr	nyder		- i - oa
		Name of Person	
		S	
		Firm/Company	
258 S.	E. 6th Ave. Su	iite 8	
<u> </u>		Address	
Delray	Beach, FL 33	483	
	•	ty/State and Zip Code	
admin@	realliferecovery	ydelray.com for future annual report notification)	
	·	•	
	n concerning this matter, please	e call:	
Eric Snyd	er	at ( )	
Nam	e of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	for the following amount:		
<b>□\$</b> 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 Cliffon Building 2661 Executive Center C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the	Limited Liability Compar	ny is:			
Real Life Lab, LLC					
(1	Vust end with the words "Limited	Liability Company, "LLC," or "LLC"		_	
ARTICLE II - A	Address:		<b>五</b> 五	2013	
The mailing addr	ess and street address of	the principal office of the Limited	Liability C	ompai	ıy is:
			3 - 3	<u></u>	
Principal Office	Address:	Mailing Address:		φ	32 400 -112
050 C F 6th Ave		259 C F 6th Ave	· ; æ	- 189 - 232	
258 S.E. 6th Ave.		258 S.E. 6th Ave.	711;	_	
Suite 8	20400	Suite 8	6.71	. 🔐 -	
Delray Beach, FL	33483	Delray Beach, FL 33483	<u> </u>	- @	
	Eric Snyder	Name			
	258 S.E. 6th Ave. Suite	8			
	<del></del>	eet address (P.O. Box NOT acceptable)			
	Delray Beach	<sub>FL</sub> 33483			
	C	ity, State, and Zip			
l <del>iability comp</del> registered agen all statutes rela	any at the place designate t and agree to act in this o ating to the proper and co	nd to accept service of process for t ed in this certificate, I hereby accep capacity. I further agree to comply mplete performance of my duties, a as registered agent as provided for	t the appoi with the p and I am fa	<del>ntmen</del> rovisio miliar	t as ns of with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

140D14		Esta Oscarlas	
MGRM		Eric Snyder 258 S.E. 6th Ave. Suite 8	<del> </del>
		Delray Beach, FL 33483	<u> </u>
		spensy peachtriff 2000	<u> </u>
			The second
			in the
			CX
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•	•		
	, if other than the		(OPTION
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LE V: Effective date ffective date is lister or 90 days after the REQUIRED SIGNA  Sig	, if other than the I, the date must date of filing.)  ATURE:  nature of a member see with section 608.	r or an authorized representative of a management of the specific and cannot be more	than five busine
LE V: Effective date ffective date is lister or 90 days after the REQUIRED SIGNA  Sig  (in accordances)	nature of a member ce with section 608 m affirmation under	r or an authorized representative of a matter of a matter of the penalties of perjury that the facts state	nember. this document at herein are true.
LE V: Effective date ffective date is lister or 90 days after the REQUIRED SIGNA  Sig  (in accorda constitutes I am aware	nature of a member that any false information under that any false information to the control of	r or an authorized representative of a management of the specific and cannot be more	nember. this document at herein are true.
LE V: Effective date ffective date is lister or 90 days after the REQUIRED SIGNA  Sig  (in accorda constitutes I am aware constitutes	nature of a member that any false information under that any false information to the control of	r or an authorized representative of a notation.  408(3), Florida Statutes, the execution of the penalties of perjury that the facts state action submitted in a document to the Deposition.	nember. this document at herein are true.

Page 2 of 2

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