

L14000011437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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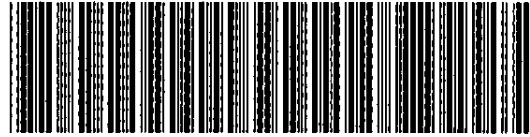
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**Subject: LifeSisterSongs, LLC**

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Gierke  
LifeSisterSongs, LLC  
1620 Orchid Boulevard  
Cape Coral FL 33904  
E-mail address: hgierke51@gmail.com

For further information concerning this matter, please call:

Helen Gierke at 239-898-0945

Enclosed is a check for the following amount

**\$130.00      Filing Fee and Certificate of Status**

**Mailing address:**

**Registration Section**  
**Division of Corporations**  
**PO Box 6327**  
**Tallahassee, FL 32314**

FILED  
14 JAN 15 11:40 AM  
TALLAHASSEE, FL  
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

**LifeSisterSongs, LLC.**

### ARTICLE II – Address:

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

**Principal Office Address:**

1620 Orchid Boulevard  
Cape Coral FL 33904

**Mailing Address:**

1620 Orchid Boulevard  
Cape Coral FL 33904

### ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

Helen Gierke  
1620 Orchid Boulevard  
Cape Coral FL 33904

*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 605 F.S.*



Registered Agent's Signature

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14 JAN 15 2 40 PM  
TALLAHASSEE, FLORIDA

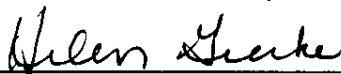
**ARTICLE IV – Manager(s) or Managing Member(s)**

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	Moir Kneer 5130 Renee Court Eau Claire WI 54703
MGR	Helen Gierke 1620 Orchid Boulevard Cape Coral FL 33904
MGRM	Dewey Gierke 1620 Orchid Boulevard Cape Coral FL 33904

**ARTICLE V:** Effective date: January 15, 2014

SIGNATURE:



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

(In accordance with section <sup>605</sup>~~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

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14 JAN 15 11:46  
SECRETARY OF STATE  
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