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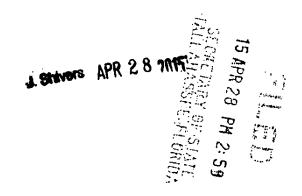
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Certified Copies	Certificates	s of Status
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April 16, 2015

FREDERICK WILLIAMS 7597 FRANKFORT ST NAVARRE, FL 32566

SUBJECT: TREASURES FOR LIFE LLC

Ref. Number: W15000026460

We have received your document for TREASURES FOR LIFE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00007578

COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJE	ECT: <u>Treasu</u>	ires for Life LLC Name of Lir	nited Liability Company	<u> </u>
The en	closed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this m	atter to the following:	
	Fredrick	Williams	Name of Person	
			Name of Person	
	Treasure	es for Life LLC		
			Firm/Company	
	7597 Fra	ankfort Street		
			Address	
	<u>Navarre</u>	, FL 32566		
		C	City/State and Zip Code	
<u>fd</u>	w48@mediad	combbb.net E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	on concerning this matter, ple	ase call:	
Fredri	ck Williams	at (850) <u>621-6410</u>	
		me of Person		lephone Number
Enclose	ed is a check fo	or the following amount:		
\$125.0	0 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)
		uiling Address gistration Section	Street/Courier Add Registration Section	ress

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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: The name of the Limited Liability Company is:	
Treasures for Life LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7597 Frankfort Street Navarre, FL 32566	7597 Frankfort Street Navarre, FL 32566
ARTICLE HI - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat The name and the Florida street address of the registere	vn Registered Agent. You must designate an individual or cion.)
-	eu agent are.
<u>Fredrick Williams</u> Nan	ne
7597 Frankfort Street Florida street address (P.O. B	ox <u>NOT</u> acceptable)
Navarre,	FL 32566
City	Zip
the place designated in this certificate, I hereby according capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the complex control of the control of	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
Registered Agent's Sign	lians nature (REQUIRED)
(CONTIN	IUED)
Page I o	

AMBR" = Authorized Member MGR" = Manager MGR" = Fredrick Williams 7597 Frankfort Street Navarre, FL 32566 Use attachment if necessary) V: Effective date, if other than the date of filing:	Title:	S	Name and Address:		
Use attachment if necessary) 2. V: Effective date, if other than the date of filing:	"AMBR" = Authorized	Member			
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