

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA Account Number: 072450003255 : (305) 634-3694 Phone

Fax Number

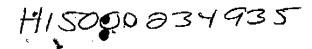
: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. CIRCLE OF LIFE, SENIOR SERVICES AND ESTATE **LIQUIDAT**1

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00





(850) 245-6051

COVER LETTER

TO: Registered Section
Division of Corporation

SUBJECT: CIRCLE OF LIFE, SENIOR SERVICES AND ESTATE LIQUIDATION, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Joshua Levine	;	
Name of Person	n	
Circle of Life, Senior Services and	Estate Liquidation, LLC	
Firm/Company	,	
5777 Gem Stone Cour	t. Suite 402	
Address		
Boynton Beach, Flor	rida 33437	
City/State and	Zip Code	·
joshuanlevine@g	mail.com	
E-mail address: (to be used for future		
For further information concerning this matter, please	se call:	
Joshua Levine at	(321) 978-8271	
Name of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the following amount:		·
\$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status

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 LIABILTLY COMPANY

ARTICLE 1 - Name:

The name if the Limited Liability Company is:

CIRCLE OF LIFE, SENIOR SERVICES AND ESTATE LIQUIDATION, LLC

ARTICLE II - Address:

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

Principal Office Address:

5777 Gem Stone Court, Suite 402

Boynton Beach, FL 33437

Boynton Beach, FL 33437

Boynton Beach, FL 33437

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Joshua Levine
Name

5777 Gem Stone Court, Suite 402
Florida street address (P.O. Box NOT acceptable)

Boynton Beach, FL 33437
City, State, and Zip

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 wit and accept the obligations of my position as registered agent as provided for in Chapter 605 F.S.

Registered Agent's Signature (REQUIRED)

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Article IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address
MGRM	IOSHUA LEVINE
	5777 Gem Stone Court, Suite 402
	Boynton Beach, FL 33437
NT	
(Use attachment if necessary)	
NOTE: An additional article mu	ist be added if an effective date is required:
REQUIRED SIGNATURE:	114
Signature of a mem	ber or an authorized representative of a member
(In accordance with	section 605.0203(1)(b), Florida Statutes, the
	ocument constitutes an affirmation under the penalties
	acts stated herein are true.)
	JOSHUA LEVINE
Type	or printed name of signee

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