

L15000/81016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

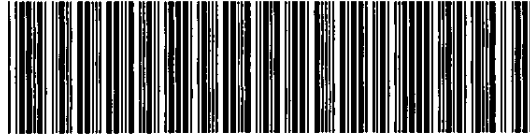
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

OCT 26 2015

T. SCOTT



100278022541

10/19/15--01035--015 **160.00

15 OCT 19 AM 9:40

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Summerall Lifestyle Management LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mallory Brooke Summerall
Name of Person

Summerall Lifestyle Management LLC
Firm/Company

4154 Middlebrook Road, Apt. 936
Address

Orlando, FL 32811
City/State and Zip Code

malloryklum@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mallory Brooke Summerall at (386) 854-1769
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
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:

Summerall Lifestyle Management LLC

(Must end with the words "Limited 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:

4154 Middlebrook Road, Apt. 936
Orlando, FL 32811

4154 Middlebrook Road, Apt. 936
Orlando, FL 32811

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mallory Brooke Summerall
Name

4154 Middlebrook Road, Apt. 936
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32811
City 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 with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Mallory Brooke Summerall
Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 OCT 19 AM 9:40

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Mallory Brooke Summerall

4154 Middlebrook Road, Apt. 936

Orlando, FL 32811

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

(In accordance with section 605.0203 (1) (b), 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.)

Mallory Brooke Summerall

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

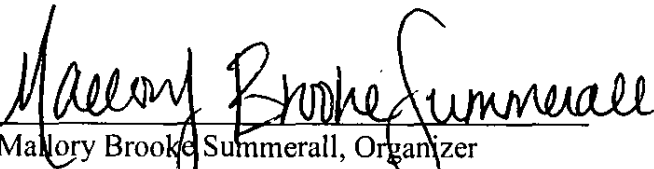
\$ 5.00 Certificate of Status (Optional)

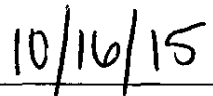
Summerall Lifestyle Management LLC
4154 Middlebrook Road, Apt. 936
Orlando, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Summerall Lifestyle Management LLC:

Mallory Brooke Summerall
4154 Middlebrook Road, Apt. 936
Orlando, FL 32811


Mallory Brooke Summerall, Organizer


Date