

L16000003309

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

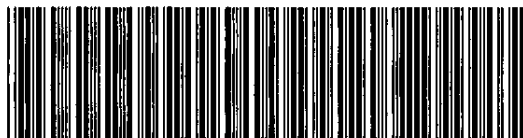
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T. SCOTT



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15 DEC 21 PM 1:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECO Life Villages LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

GREGORY HUGHES
Name of Person

ECO Life Villages LLC
Firm/Company

131 Sedgefield Circle
Address

WINTER PARK, FL 32792
City/State and Zip Code

REORTANDOFL@Gmail.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY HUGHES at (407) 739-9486
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$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 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:

Eco Life Villages, 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:

131 Sedgefield Cir
Winter Park, FL 32792

Mailing Address:

SAME

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:

MARK LINDBLOM

Name

4915 GRAMONT AV.

Florida street address (P.O. Box **NOT** acceptable)

Belle Isle FL 32812

City

State

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.

Mark Lindblom

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AmBR

Name and Address:

DAVID COX #
2423 S. ORANGE AVE 147
ORLANDO, FL 32806

GREGORY HUGHES
131 SEGEFIELD CIR
WINTER PARK, FL 32792

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Monday, 1-4-16 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

DAVID COX

Typed or printed name of signee

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)

May 8, 2015

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

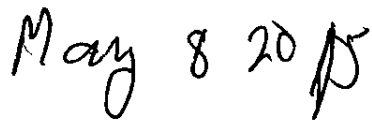
To Whom It May Concern:

I, Gregory Hughes as the President of EcoLife Villages, Inc Document Number P13000059625, have no intent on re-instating that Corporation and I release the name to myself.

Gregory Hughes

A handwritten signature in cursive script that reads "Gregory Hughes".

Dated:

A handwritten date in cursive script that reads "May 8 2015".