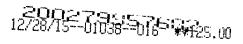
1600003463

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
	į

Office Use Only



200279957682





uli and

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Likestyle n Name of Lim	Opine, LLC. ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this may	tter to the following:
<u>Jason</u>	Gonzalez
	Name of Person
<u>Livestyle</u> n	Pirm/Company
3100 S. Dixie H	ightey # C38 Address
Boca laton Ci	ty/State and Zip Code
	for future annual report notification)
For further information concerning this matter, please	call:
Name of Person Ar	PSU UUI-1805 ea 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	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	5
Lirestyle Merine, LLC.	DEC 2
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	SS CO
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	M 8: 50
Principal Office Address: Mailing Address:	STI •
3100 S. Dixie Highway 3100 S. Dixie Hi	ghuay
Boca Ration, FL 33432 Booo Ration, FL	38U32

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:

ARTICLE I - Name:

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

Boxs Roton, FL 33432

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..

(CONTINUED)

gjetered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Jason Gonzalez
mar	Jason Gonzalez
	$Q \sim Q \sim T \sim 10.00 PC$
	Bora Raton FL 33432
AMBR	Jenni Gr Ellis
	5100 S. Dixie Huy +C38
	1000 Palen in 33132
	<u> </u>
	3
(Use attachment if necessary)	<i>주의</i> 교
(Social and Microsoft)	i i i i i i i i i i i i i i i i i i i
effective date is listed, the date must be spec te of filing.)	cific and cannot be more than five business days prior to or 90 days a
effective date is listed, the date must be spec te of filing.) If the date inserted in this block does not me	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days seet the applicable statutory filing requirements, this date will not be lis
effective date is listed, the date must be specte of filing.) If the date inserted in this block does not measurement's effective date on the Department of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a seet the applicable statutory filing requirements, this date will not be list
effective date is listed, the date must be specte of filing.) If the date inserted in this block does not measurement's effective date on the Department of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a seet the applicable statutory filing requirements, this date will not be list
effective date is listed, the date must be specte of filing.) If the date inserted in this block does not measurement's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men	of filing:
effective date is listed, the date must be specte of filing.) If the date inserted in this block does not measurement's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mental transfer of the company of	of filing:
effective date is listed, the date must be specte of filing.) If the date inserted in this block does not measurement's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the degree constitutes a third degree degree.	et the applicable statutory filing requirements, this date will not be list f State's records. The region of the statutory filing requirements, this date will not be list f state's records. The region of the statutory filing requirements, this date will not be list f state's records. The region of the statutory filing requirements, this date will not be list f state's records.
te of filing.) If the date inserted in this block does not me ocument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the degree of the constitutes a third degree of the constitutes a third degree.	of filing: