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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 7-13-16

ENTITY NAME:

Intentional Life, LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

X Plain Copy
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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

 Certified Copy of Arts & Amendments

 Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125⁰⁰

CHECK NUMBER: 2670

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

FILED

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

16 JUL 13 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

INTENTIONAL LIFE, LLC

ARTICLE II ADDRESS

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

566 SW 20TH COURT #5

DELRAY BEACH, FLORIDA 33445

ARTICLE III REGISTERED AGENT

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

BARBARA BAUER

566 SW 20TH COURT #5

DELRAY BEACH, FLORIDA 33445

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.

x Barbara Bauer

BARBARA BAUER / Registered Agent's signature

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ARTICLE IV

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

AUTHORIZED MEMBER

BARBARA BAUER

566 SW 20TH COURT #5

DELRAY BEACH, FLORIDA 33445

AUTHORIZED MEMBER

NICOLE BAUER

566 SW 20TH COURT #5

DELRAY BEACH, FLORIDA 33445

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CLERK OF DISTRICT COURT
DELRAY BEACH, FLORIDA

x Barbara Bauer
BARBARA BAUER / Authorized Representative's signature

(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.)