

L160000130379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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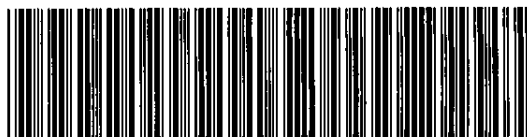
(Business Entity Name)

(Document Number)

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
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Date: 7-15-16

ENTITY NAME:

LIFE LIFTERS PBG 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: 125-

CHECK NUMBER: 2689

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

Thank you!

Tina Goff, President

FILED
16 JUL 15 PM 4:16
TALLAHASSEE, FLORIDA

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

FILED

16 JUL 15 PM 4:18

CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

LICE LIFTERS PBG LLC

ARTICLE II ADDRESS

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

9089 N MILITARY TRAIL, STE 26

PALM BEACH GARDENS, FLORIDA 33410

ARTICLE III REGISTERED AGENT

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

LINDA PORCARO

9089 N MILITARY TRAIL, STE 26

PALM BEACH GARDENS, FLORIDA 33410

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 

LINDA PORCARO / Registered Agent's signature

PAGE 2 LICE LIFTERS PBG LLC

ARTICLE IV

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

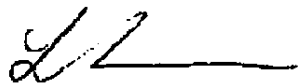
AUTHORIZED MEMBER

LINDA PORCARO

9089 N MILITARY TRAIL, STE 26

PALM BEACH GARDENS, FLORIDA 33410

X



LINDA PORCARO / 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.)

FILED
16 JUL 15 PM 4:18
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STATE OF FLORIDA