

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000260685 3)))



H160002606853ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231 Phone : (561)650-0471 Fax Number : (561)650-5300

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email address: Stevensarkela @ icloud. com

FLORIDA LIMITED LIABILITY CO. LLIFT LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

16 OCT 21 AM 9: 33
SLUKLING SPECIAL STALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

OCT 2 4 2016

ARTICLES OF ORGANIZATION OF

LLIFT LLC

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I

<u>Name</u>

The name of the Limited Liability Company is LLIFT LLC.

ARTICLE II

Address

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

> 5152 Lake Osborne Drive Lake Worth, FL 33461

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Steven Sarkela 5152 Lake Osborne Drive Lake Worth, FL 33461

ARTICLE IV

<u>Management</u>

The Limited Liability Company will be manager-managed.

H160002606853

ARTICLE V

Managers |

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

> Steven Sarkela, Manager 5152 Lake Osborne Drive Lake Worth, FL 33461

ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Date: October 21, 2016

Steven Sarkela, Manager Authorized Representative

Al Dock

10/21/2016 10:12am

H160002606853

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That LLIFT LLC, desiring to organize under the laws of the State of Florida, has named STEVEN SARKELA, located at the Registered Office of the Limited Liability Company at 5152 Lake Osborne Drive, Lake Worth, FL 33461, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.

Steven Sarkela, Registered Agent