

L17000103514

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CIRCLE OF LIFE ESTATE LIQUIDATIONS, LLC**

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

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MAY 11 2017

T SCHROEDER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 10 AM 10:55

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5/10/2017

05/10/2017 16:27

(850) 245-6051

COVER LETTER

H17000128861

TO: Registered Section
Division of Corporation

SUBJECT: CIRCLE OF LIFE ESTATE LIQUIDATIONS, 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:

Joshua Levine
Name of Person

Circle of Life Estate Liquidations, LLC
Firm/Company

5777 Gem Stone Court, Suite 402
Address

Boynton Beach, Florida 33437
City/State and Zip Code

joshuanlevine@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Levine at (321) 978-8271
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/Courier 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:

CIRCLE OF LIFE ESTATE LIQUIDATIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5777 Gem Stone Court, Suite 402

5777 Gem Stone Court, Suite 402

Boynton Beach, FL 33437

Boynton Beach, FL 33437

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Joshua Levine

Name

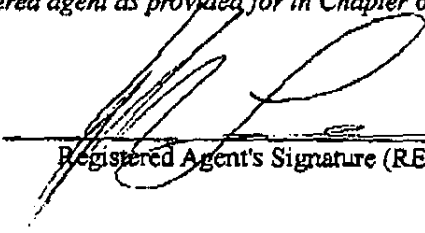
5777 Gem Stone Court, Suite 402

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

Boynton Beach, FL 33437

City, State, and 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.


Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

Article IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address

MGRM

JOSHUA LEVINE

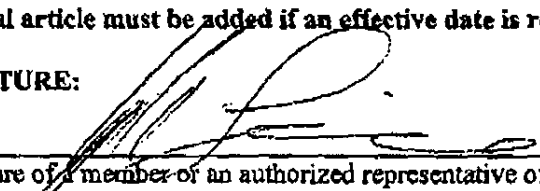
5777 Gem Stone Court, Suite 402

Boynton Beach, FL 33437

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required:

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.)

JOSHUA LEVINE

Type or printed name of signer

19882100071 N

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STATE OF FLORIDA
TALLAHASSEE