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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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. LifeBanq LLC

Certificate of Status	0
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Page Count	04
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LAHASSEE, FLORID

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COVER LETTER

	New Filing Section Division of Corporations	
	LifeBanq LLC	
SUBJEC	Name of Limited Liability Company	
The enclo	sed Articles of Organization and fee(s) are submitted for filing.	
Please ren	im all correspondence concerning this matter to the following:	
	Frederick A Love	
	Name of Person	
	SuttonPark Capital	
• • • • •	Firm/Company	
	2255 Glades Road #118E	
	Address	
	Boca Raten, FL 33431	
19	City/State and Zip Code	
••••	Flove@suttonpark.com E-mail address: (to be used for future annual report notification)	<u> </u>
For further i	nformation concerning this matter, please call:	
	Frederick A Love 954 540-4486	1
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:	
\$125.00 Fi		us &
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: -The name of the Limited Liabil	lity Company is:					·_
The falle of the Elithica Emel	my company is.					
LifeBang LLC	<u> </u>					
(Must cor	ntain the words "Limited	d Liability Company,	"L.L.C." or "LLC."	")	-	• '
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited	Liability Company	is:	•	
<u>Princi</u>	pal Office Address:		Mailing .	Address:		
2255 Glades Road /	†118E	225.5	Glades Road #118	В.		
Boca Raton, FL 334	131		Raton, FL 33431		_ _ ,	
					- ·	
(The Limited Limbility Companianother business entity with an The name and the Florida street	active Florida registrati	on.)	'Ou must désignate a	n individual or		
	· 2255 Glades Road #	£118E				
en e	Florida street address (P.O. Box <u>NOT</u> acceptable)		.		٠.	
	Boca Raton	Florida	33431	-		
	City	State	Zip			
Having been named as registered place designated in this certificate further agree to comply with the pum familiar with and accept the old	, I hereby accept the approvisions of all statutes r	pointment as registere relating to the proper i	d agent and agree to and complete perfort	uct in this capacity nance of my duties,	· 1	

(Use attachment if necessary)

(if an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE;

Signature of member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ation a annu degree retory as provided for the store

Frederick A Love

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2010 FEB -2 PM 4: 26 SECRETARY OF STATE