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Office Use Only



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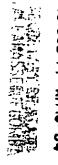
COVER LETTER

	ew Filing Section vision of Corporations
SUBJECT	Living the Wanderful Life, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	Yvette Register
	Name of Person
	Firm/Company
	418 Curry Sourt
	Address
	Altamonte Springs, FL 32714
	City/State and Zip Code
	yvetteregister@yahoo.com
•	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call;
	Yvette Register 321 229-7314
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	iling Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Living the Wanderful Life, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
CLE II - Address: ailing address and street address of the principal office	of the Limited Liability Company is:
CLE II - Address: ailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address
ailing address and street address of the principal office	

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

another business entity with an active Florida registration.)

Yvette Register		
	Vame	
418 Curry 600+		
Florida street address (P.O. Box <u>NOT</u> ac	cceptable)
Altamonte Springs	FL	32714
City	State	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 Agents Signature (REQUIRED)

(CONTINUED)

JUL 17 AND; SI

Title:			Name and Address:
AMBR'' = A	authorized Mem	ber	
"MGR" = Ma	mager		
AMBR			Yvette Register
			418 Curry GOCT
			Altamonte Springs FL 32714
			
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Filing Fees:

Typed or printed name of signee

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)