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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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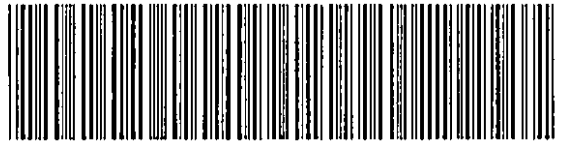
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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- xx** **FILING** LLC _____

1. **LIFESPAN ACADEMY, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

KLEIN & KLEIN, LLC

Attorneys at Law
40 Southeast 11th Avenue
Ocala, Florida 34471

PHONE (352) 732-7750
FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)
H. RANDOLPH KLEIN
FRED N. ROBERTS, JR.
LAWRENCE C. CALLAWAY, III
AUSTIN T. DAILEY

May 19, 2020

**TO: Registration Section
Division of Corporation**

RE: LIFESPAN ACADEMY, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

angellehillvgus@yahoo.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIFESPAN ACADEMY, LLC

ARTICLE II - Address:

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

Principal Office Address:

2475 SE Highway 484
Bellevue, FL 34420

Mailing Address:

P. O. Box 830392
Ocala, FL 34483

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

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

**ANGELLE N. HILLYGUS
6305 Pecan Course
Ocala, FL 34472**

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, Florida Statutes.



ANGELLE N. HILLYGUS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:


"MGR"

ANGELLE N. HILLYGUS
P. O. Box 830392
Ocala, FL 34483


"MGR"

ANDREA TOBON
2475 SE Highway 484
Bellevue, FL 34420

REQUIRED SIGNATURE:



Signature



Signature

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 in s.817.155, F.S.

ANGELLE N. HILLYGUS
ANDREA TOBON

Typed or printed name of signatures