Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email	Address:_	

FLORIDA LIMITED LIABILITY CO. IMPROVE LIFE SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

22 APR 11 PH 5: 12

TOTAL PH 5: 12

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- DIETT COMPANY
The name of the Limited Liability Company	
T ,	
-IMPROVE IT	FE SERVICES LLC
ARTICLE II - Address:	TE SERVICES LLC
The mailing address and street address of the Company is:	20 0000
557	ne principal office of the Limited Liability
325 NM JOHN a	R MRami - H 3355
	- Mami - H 35725
	TOF S A
	<u>8</u> 8
ARTICLE III - Registered Agent, Registered (86.70
The name and the Florida street address of the Company cannot serve as its own Registered Agent. You must desirable an active Florida registration.)	Office:
Company cannot serve as its own Registered Agent. You must desi- with an active Florida registration.)	ignote on individual or another business entity
· (VAITHIA	•
	
1352 NW 20th av	e Mione-71 33125
	1 33123
ADD	
ARTICLE IV The name and title of each many	
The name and title of each person authorized Liability Company: (MGR or AMBR)	to manage and control the Limited
CYNTHIA PIN	(AMBR)

Required Signatures:

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. 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, I'.S.

Typed or printed name of signee

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)