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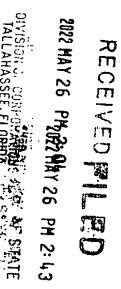
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(Ac	ldress)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: City Life Engineered LC	
Mame 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:	
Janeile Brown Name of Person	
City Life Engineered	
2131 North Meridian Road, #102	
Tallahassee Florida 32303 City/State and Zip Code brown 76ster agmail. am E-mail address: (to be used for future annual report notification)	
brown 76 stera amail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vanelle Brown at (954) 295-6275 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status	d)

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

Street Address New Filing Section Division The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
City Life Engineered, LLC (Must contain the words "Limited Liability Co	
(Must contain the words "Limited Liability C	ompany, "L.L.C.," or "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:
2121 Novem Mecidian Road HID	2121 - WW upridian Doad HI

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

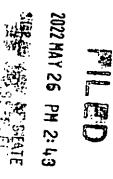
The name and the Florida street address of the registered agent are:

Janelle				
	Name			
2131 North	Meridian	Road #102		
Florida street address (P.O. Box NOT acceptable)				
Tallahacree	FL	32303		
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 Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager (EO & Founder Co-founder	Janelle Brown 2131 North Meridian Tallahassee, Florida	200d #102 32303	
Co founder	Castandra Cooks 2131 North Meridian Tallahassee, Florida	809 d #102	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be a the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Department	specific and cannot be more than live busing the interest the applicable statutory filing require	ness days prior to or 90 da	
ARTICLE VI: Other provisions, if any.		2022 HA	_
This document is exe I am aware that any fa	member or an authorized representative of cuted in accordance with section 005.0203 (also information submitted in a document to tree felony as provided for in s.817-155, F.S.	1) (b), Florida Strutes	
Jan	Typed or printed name of signee		

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)