

U50000073118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900271715209

04/17/15--01027--009 **160.00

EFFECTIVE DATE

4-20-15

FILED

2015 APR 17 P 2:01

SECRETARY OF STATE
FALLS CHURCH, VA 22046

T SCHROEDER
4-27-15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Smart Living Coaching Services LLC
Name 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:

Nathan White
Name of Person

Smart Living Coaching Services LLC
Firm/Company

Box
P.O. 2062
Address

Sarasota, FL 34230
City/State and Zip Code

njwhite@asu.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan White at (480) 323-9742
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| ☐ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 4-20-15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is.

Smart Living Coaching Services LLC

(Must end with the words "Limited 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:

Principal Office Address:

Mailing Address:

3012 Esmeralda Dr

P.O. Box 2062

Sarasota, FL 34243

Sarasota, FL 34230

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:

Nathan White

Name

3214 Huntington Place Dr

Florida street address (P.O. Box **NOT** acceptable)

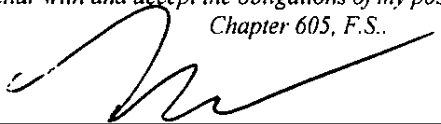
Sarasota

FL 34237

City

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)

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CLERK OF DISTRICT COURT
HALL COUNTY FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Authorized Member

Name and Address:

Nathan White

3214 Huntington Place Dr

Sarasota, FL 34237

Authorized Member

Edward Valdez

3012 Esmeralda Dr

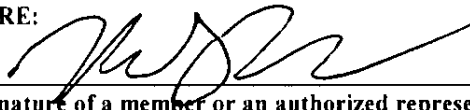
Sarasota, FL 34243

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~4/20/2015~~ 4/20/2015 (OPTIONAL)
(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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, F.S.)

Nathan White

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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2015 APR 17 P 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA