## L04000007169

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
,	·	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certific	ates of Status	
Special Instructions to Filing Officer:		

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TALLAHASSLE, FLORIDA



300026963153

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## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kran Attai

Miami Coaching Agency

10115 Montego Bay Dr.

Miami, FL. 33189 (City/State and Zip Code)

For further information concerning this matter, please call:

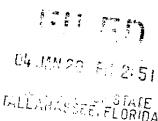
at (305) 431 - 2686
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



FLORIDA LIMITED LI	ABILITY COMPANY  FALENHASSE
ARTICLE I - Name: The name of the Limited Liability Company is:	
Miami Coaching A	gency LC
ARTICLE II - Address: The mailing address and street address of the print	
Principal Office Address:	Mailing Address:
10115 Montego Bay Dr.	10115 Montego Bay Dr
1011s Montego Bay Dr. Miami, FL. 33189	10115 Montego Bay Dr Miami, FC- 33189
ARTICLE III - Registered Agent, Registered Control The name and the Florida street address of the registered address of th	
Pamela A	lohan
10115 Montago B Florida street address (P.O.	Box NOT acceptable)
Miami, City, State, an	FLORIDA 33189
City, State, and	d 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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Kian

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee