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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
SUBJECT: Apples of Gold Christian Life Coaching, LLC					
(Name of Limited Liability Company)					
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
•	·	J.			
Diane Coh		Name of Person)			
	(name of Person)			
Law Office	of Diane Cohen, P.				
		Firm/Company)			
<u>111 W. Ma</u>	ain Street				
		(Address)			
Inverness,	, FL 34450				
	(City	/State and Zip Code)			
For further information	concerning this matter, please	call:			
Diane Cohen, Es	sq.	at (352) 637-1899	9		
(Name	of Person)	(Area Code & Daytime Te			
Enclosed is a check fo	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is:	
Apples of Gold Christian Lil		Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and str	reet address of the prin	cipal office of the Limited Liability Company is
Principal Office Address:		Mailing Address:
4320 N. Indianhead Road		P. O. Box 800
Hernando, FL 34442		Hernando, FL 34442
business entity with an active Flori The name and the Florida s	da registration.)	
,,,	Name	
111 W. Main Street		
<u></u>		ss (P.O. Box NOT acceptable)
Invernes	SS	FL 34450
	City, State, and	Zip
liability company at the registered agent and agree statutes relating to the pr	place designated in thi to act in this capacity. oper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and is red agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGRM	Nathaniel Dixon
	4320 N. Indianhead Road
	Hernando, FL 34442
MGRM	Veronica Dixon
	4320 N. Indianhead Road
	Hernando, FL 34442
MGR	Pamela T. Foster
	4320 N. Indianhead Road
	Hernando, FL 34442
(Use attachment if necessar	у)
	er than the date of filing: (OPTIONAL)
effective date is listed, the da 10 days after the date of filing	ate must be specific and cannot be more than five business days prior g.)
REQUIRED SIGNATUR	E:
Signature	of a member or an authorized representative of a member.
(In accordation of this doc	unce with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury

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)

Diane Cohen, Esq.

that the facts stated herein are true.)

Typed or printed name of signee