

LD6000102872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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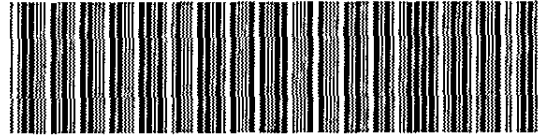
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan OCT 23 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accountability Coaching, 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:

Michael F. White
(Name of Person)

(Firm/Company)

10159 Cypress Lakes Preserve Drive
(Address)

Lake Worth, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Chose at (561) 427-4303
(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

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Accountability Coaching, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

Mailing Address: 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature

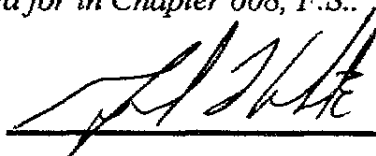
The name and the Florida street address of the registered agent are:

Name: Michael F. White

Address: 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

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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. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Michael F. White

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGRM"

Name and Address: Michael F. White. 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

ARTICLE V - Effective Date: The effective date shall be the date of filing.

REQUIRED SIGNATURE OF A MEMBER:

A handwritten signature in black ink, appearing to read "Michael F. White", is written over a horizontal line.

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(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)

Michael F White