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COVER LETTER

TO:	Registration Section Division of Corporations Coach up and Counselly Services by
SUBJE	Registration Section Division of Corporations Coach up and Counselling Services by Letty OMean Hampton, LCSW (Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kelly O'Meara Hampton (Name of Person)
,	Luy OMeara Hampton, LCSW (Firm/Company)
	7301 W. Palmetto Park Rd., Sk. 205A
	Boca Raton, for 33433 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Kei	(Name of Person) at (501) 927.7035 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
\$125	5.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2007

KELLY OMEARA HAMPTON 7301 W PALMETTO PARK RD STE 205A BOCA RATON, FL 33433

SUBJECT: COACHING AND CONNSEING SERVICES BY KELLY OMEARA

HAMPTON, LCSW, PL

Ref. Number: W0700050693

We have received your document for COACHING AND CONNSEING SERVICES BY KELLY OMEARA HAMPTON, LCSW, PL and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 407A00060187

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: (Author and Company Services by (Must end with the words Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
7301 W. Palmetto Park Rd. 98. 205 A Bock Raton, Fr. 33433 Bock Raton, Fr. 33433
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: Xelly OMeasa Hamston, LCSW Name T30 W. Passeth Guk, Ed. St. 245 H Florida street address (P.O. Box NOT acceptable) Even Paton FL 33433 City, State, and 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, F.S
Registered Agent's Signature (REQUIRED) 7 NOV -1 PH 10 PH 10 PH 10 PH 11 PH 11 PH 12 PH 13 PH 14 PH 15 PH 16 PH 16 PH 17 PH 17 PH 18 PH 19 PH 19 PH 10 P
(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) **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

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)

Arricle VI: Fronding Coaching + Connscing Services as I am a licensed Clinical Social worker.

Typed or printed name of signee