

L08000036214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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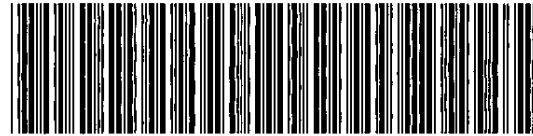
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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T. HAMPTON

APR 10 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IN THE SPIRIT COACHING, L.L.C.
(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:

David W. Trippany
(Name of Person)

IN THE SPIRIT COACHING, L.L.C.
(Firm/Company)

5210 25TH Street SW
(Address)

HEHIGH ACRES, FL 33973
(City/State and Zip Code)

For further information concerning this matter, please call:

David W. Trippany at 239, 223-2877
(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

ARTICLES OF ORGANISATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IN THE SPIRIT COACHING, L.L.C.

ARTICLE II - Address:

The mailing address and street address or the principle office of the Limited Liability Company (IN THE SPIRIT COACHING, L.L.C.) is:

Principle Office Address:

Mailing Address:

**5210 25th Street, Southwest
Lehigh Acres, FL 33973**

**5210 25th Street, Southwest
Lehigh Acres, FL 33973**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David W. Trippany

Name

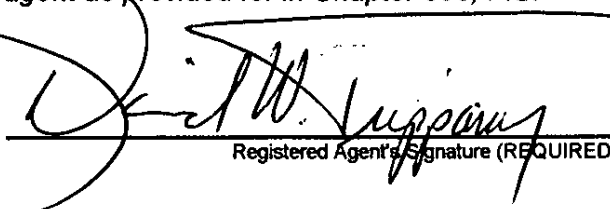
5210 25th Street, Southwest

Florida street address

Lehigh Acres, FL 33973

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)

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

MGRM _____

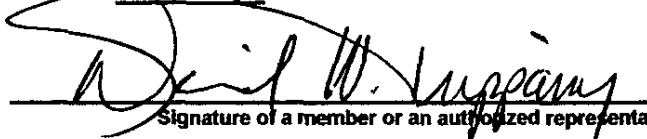
Mary Anne Cipressy
7841 Lake Sawgrass Loop, #4414
Ft. Myers, FL 33907

MGRM _____

David W. Trippany
5210 25th Street, Southwest
Lehigh Acres, FL 33973

ARTICLE V: Effective date, if other than the date of filing: Actual Filing Date.

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.)

David W. Trippany

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)