1000004199

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only State Zipir Hone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
JAN 1 5 2009				
EXAMINER				

Office Use Only



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COVER LETTER

TO: ' Registration Section Division of Corporati	ions			
SUBJECT: Jan Newell	Coaching, L	LC		
(Name of Limited Liability Company)				
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing	.	
Please return all correspondence	e concerning this ma	tter to the following:	:	
Jan P. Newell				
		(Name of Person)		
		(Firm/Company)		
402 Devon Pla	ce			
		(Address)		
Heathrow, FL 3	32746			
	(Ci	ty/State and Zip Code))	
For further information concern	ing this matter, pleas	e call:		
William J. Newell		_at (_407)	805-97	74
(Name of Perso	n)	(Area Code	& Daytime T	elephone Number)
Enclosed is a check for the fo	ollowing amount:			
\$125.00 Filing Fee \$13 Cert	0.00 Filing Fee & tificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	ing Address stration Section sion of Corporations Box 6327 hassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Jan Newell Coaching, LLC	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Duinainal Office Address	Mailing Address.
Principal Office Address:	Mailing Address:
402 Devon Place	402 Devon Place
Heathrow, FL 32746	Heathrow, FL 32746
The name and the Florida street address William J. New	
•	Name
402 Devon Pla	ice
Florida	street address (P.O. Box NOT acceptable)
Heathrow, FL 3	32746 _{FL}
	y, State, and Zip
	t and to accept service of process for the above stated limited ated 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
	uplete performance of my duties, and I am familiar with and
accept the obligations of my position	n as registered agent as provided for in Chapter 608, F.S
Mille	
Registered Agent	t's Sonature (REOURED)

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Jan P. Newell
	402 Devon Place
	Heathrow, FL 32746
- Commonwell (1997) - Andrew Market (1994) - Andrew Anna	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 13, 2009</u>. (OPTIONAL) (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 that the facts stated herein are true.)

Jan P. Newell

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)

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