LD9000081216

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



600159765946

08/21/89--01006--015 **155.00

SILY LOG

09 AUG 21 PH 2: 13
SECKETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Co	rporations	
SUBJECT:	Life Co	ach Consultants, LLC
***	Name of Limi	ed Liability Company
The enclosed Articles of	Organization and fee(s) are	submitted for filing.
Please return all correspondent	ondence concerning this mat	ter to the following:
,	Dr.	Pedro Landrau
		Name of Person
	Life Coa	ch Consultants, LLC
		Firm/Company
	15	77 Avleigh Cir.
	, , <u>, , , , , , , , , , , , , , , , , </u>	Address
	Ori	ando, FL 32824
		y/State and Zip Code
·** *** · · · · · · · · · · · · · · · ·	Dr.	Peter@live.com
	E-mail address: (to be used	for future annual report notification)
For further information of	concerning this matter, pleas	e call:
Dr.Ped	ro Landrau	at (407) 5756262
Name o	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	r the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:
Life Coach Cons (Must end with the words "Limited Liabi	
ARTICLE II - Address: The mailing address and street address of the page.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1577 Avleigh Cir. Orlando, FL 32824	1577 Avleigh Cir. Orlando, Fl. 32824
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	T. G.
The name and the Florida street address of the	registered agent are:
Dr.Pedro i	Landrau Mo
Name	
1577 Avle	eigh Cir. ♀ 🛱 ຜ
Florida street address (P.O	. Box NOT acceptable)
Orlando, FL 32824	FL
City, State, a	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 (REOURED)

(CONTINUED)

Page 1 of 2

Name and Address:

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" = Mana					
"MGRM" = Ma	naging Member				
MGR		Dr. Pedro Landrau		_	
		1577 Avleigh Cir.	····		
		Orlando, Fl. 32824		-	
MGRM		Yvonne Landrau		_	
	•	1577 Avleigh Cir.		_	
		Orlando, FL 32824			
<u></u>			 		
				•	
				'	
 	<u> </u>			•	
				•	
(Use attachment	if necessary)			•	
	sted, the date must b ate of filing.)	e date of filing: August 14, 2009 e specific and cannot be more than five b			
	Signature of a member	er or an authorized representative of a member	•1		
		ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)	(T)	09 AUG 2	T
			75	A 3	
		Dr. Pedro Landrau	SS	12	C C
		Dr. Pedro Landrau ped or printed name of signee	TARY O		g g
Filing Fees			ARY OF S		
	<u>:</u>		ARY OF STA ASSEE FLOR		
\$125.00 Filing of Reg	<u>:</u>	ped or printed name of signee	ARY OF STATE ASSEE FLORIO!	21 PM 2: 13	

\$ 5.00 Certificate of Status (Optional)