L10000111521

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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***130.00 **130.00

2010 OCT 25 PH 3: 17
SECRETARY OF STATE,
TALLAHASSEF, FI NSIA,

J. SAULSBERRY EXAMINER OCT 26 2010

COVER LETTER

✓ TO:	Registratio Division of	n Section Corporations					
SUBJE	CT. Gott	ta Get Coached Ll	_C.				
30131		, , , , , , , , , , , , , , , , , , , 	ted Liability Co	ompany			
The end	closed Article	es of Organization and fee(s) are	submitted for	filing.			
Please	return all corr	respondence concerning this ma	tter to the follo	wing:			
	Barbara	a H Gummin					
•			Name of Perso	n			
•			Firm/Company	y			
	1820 Pa	alma Sola Blvd					
•			Address				
F	Bradento	on, FL, 34209					
-	51.0001110		ity/State and Zip	Code			
	Barbie@l	ivindreams.com				TA co	!
-		E-mail address: (to be used	for future annua	report notification	1)	100	-
For fur	ther informati	on concerning this matter, pleas	se call:			LAHASSE	1
Barb	ara H Gui	mmin	at (941	, 795-15°	15	1771	
	Na	me of Person	Area	Code & Daytime	Telephone Number	FSI FSI	1 1 E
Enclos	ed is a check	k for the following amount:				PM 3: 17 OF STATE FLORIDA	اليورونية ⁻
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	Certified (of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 2661	et/Courier Addrestration Section sion of Corporation Building Executive Centuhassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
Gotta Get Coached LLC.	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1820 Palma Sola Blvd	1820 Palma Sola Blvd
Bradenton, FL, 34209	Bradenton, FL, 34209
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another Of the registered agent are: The property of the registered agent are:
The name and the Florida street address	of the registered agent are:
Barbara H Gumr	min SSA 25
	Name Files
1820 Palma	
Florida	street address (P.O. Box NOT acceptable)

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..

FL 34209 City, State, and Zip

Registered Agent's Signature (REQUIRED)

Bradenton

(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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
"MGR"	Barbara H Gummin
	1820 Palma Sola Blvd
	Bradenton, FL, 34209
"MGRM"	Glenn H Gummin
	1820 Palma Sola Bivd
	Bradenton, FL, 34209
	<u> </u>
(Use attachment if necessary)	ASS:
(Ose attachment if necessary)	EF, O
LE V: Effective date, if other than th	e date of filing: (OPTION
	be specific and cannot be more than five business da
days after the date of filing.)	m P

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Barbara H Gummin

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)