

L110000037649

(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



400199467694

03/28/11--01037--007 **130.00

FILED
11 MAR 28 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 29 2011

EXAMINER

EFFECTIVE DATE

04/15/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Coach's Touch LLC
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:

Al Sterner

Name of Person

The Coach's Touch LLC

Firm/Company

2320 ISLAND COVE CIRCLE

Address

Naples Florida 34109

City/State and Zip Code

AGS@WI-AB.COM

E-mail address: (to be used for future annual report notification)

11 MAR 28 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

William Carey

Name of Person

at (239) 598-1036

Area Code & Daytime Telephone Number

dcarey@1@comcast.net

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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE COACH'S TOUCH LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2320 ISLAND COVE CIRCLE SAME
NAPLES, FL. 34109

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:

AL STERNER
Name
2320 ISLAND COVE CIRCLE
Florida street address (P.O. Box NOT acceptable)
NAPLES FL 34109
City, State, and Zip

FILED
11 MAR 28 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 04/15/11

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Al Sterner

2320 ISLAND COVE CIRCLE
NAPLES, FL. 34109

MGRM

William Carey

8825 Ventura Way
NAPLES FL 34109

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 15, 2011 (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. 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.)

AL STERNER
Typed or printed name of signee

FILED
11 MAR 28 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)