

L13 0000 46008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

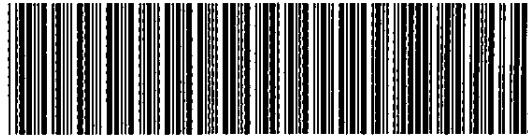
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2013 MAR 27 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 28 2013
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Cheri L. Kittrell, Ph.D.
521 White Oak Avenue
Brandon, FL 33510
(813) 728-4744
info@maintainyourmarriage.com

March 24, 2013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As requested in the instructions for forming a Florida Limited Liability Company, I am attaching the articles of organization, a check for the filing fee (in the amount of \$125.00), and this cover letter (with my name address and daytime telephone number clearly shown at the top of this letter).

If you have further questions, please feel free to contact me.

Sincerely,

Cheri L. Kittrell, Ph.D.

Cheri L. Kittrell, Ph.D.

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TALLAHASSEE, FLORIDA

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marriage Maintenance Christian Life Coaching, 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:

Cheri L. Kittrell, Ph.D.

Name of Person

Marriage Maintenance Christian Life Coaching, LLC

Firm/Company

521 White Oak Avenue

Address

Brandon, FL 33510

City/State and Zip Code

info@maintainyourmarriage.com

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

For further information concerning this matter, please call:

Cheri L. Kittrell, Ph.D.

at

813 728-4744

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Marriage Maintenance Christian Life Coaching, 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:

521 White Oak Avenue
Brandon, FL 33510

Mailing Address:

521 White Oak Avenue
Brandon, FL 33510

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:

Cameron G. Kittrell

Name

521 White Oak Avenue

Florida street address (P.O. Box **NOT** acceptable)

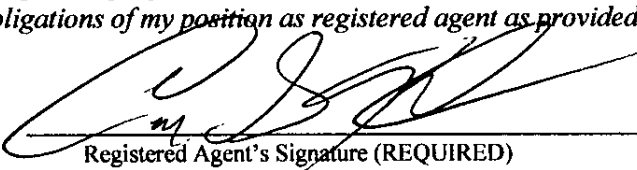
Brandon

FL

33510

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)

(CONTINUED)

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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

Cheri L. Kittrell, Ph.D.

521 White Oak Avenue

Brandon, FL 33510

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Cheri L. Kittrell, Ph.D.

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.)

Cheri L. Kittrell, Ph.D.

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)