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ECRETARY OF STATE LLAHASSEE FLORIDA

COVER LETTÉR

TO:

Registration Section Division of Corporations

Mitchell & Smith Coaching Ass. LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Michael V. Smith

Name of Person

Mitchell &Smith Coaching Ass. LLC

Firm Company

3571 Sanctuary Dr.

Address

Coral Springs FL 33065

City/State and Zip Code

michaelvsmith1@aol.com

F-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Michae! V. Smith

_{at} 954 263 6125

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Piling 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 Chilon 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:

Mitchell & Smith Coaching Ass. LLC

(Must end with the words "f imited Liability Company, "LL.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:
Michael V. Smith	3571 Sanctuary Dr. coral Spring f: 33065
Jeffrey P. Mitchcl:	323 Monroe Street, Apt 4
	Hollywood, FL 33019

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Fiability Company cannot serve as us own Registered Agent. You must designate an individual or another business entity with an active Fiorida registration.)

The name and the Florida street address of the registered agent are:

Kimber'y Cart	er-Mitche ^{tt}	
N	ime	
110 135(ii)	way, Apt 206	
Florida stree	t address (P.O.	Box NOT acceptable)
P'antation	FL	33325
City	c, State, and Zi	p

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.

Hegistered Agent Lightnether (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael V. Smith
	3571 Sanctuary Dr.
	Coral Springs FL, 33065
MGRM	Jeffery Mitchell
	323 Monroe Street, Apt 4
	Hollywood, FL 33019
(Use attachment if necessary)	
ICLE V: Effective date, if other than to effective date is listed, the date muto or 90 days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five business
ICLE V: Effective date, if other than to effective date is listed, the date muto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem	ber or an authorized representative of a member.
REQUIRED SIGNATURE: (In accordance with section 6 constitutes an affirmation unclude a constitute and a false info	ist be specific and cannot be more than five business
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo Michael V. Smith	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. The immation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)