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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
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APR 30 2014

D. BRUCE

COVER LETTER

1

TO: Registration Section Division of Corporations		
SUBJECT: Life Coach for Kids, 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:		
Heather Med-Ford Name of Person		
Life Coach for Kids		
Firm/Company	•	
103 Waterford Dr.		
Address		
Jupiter FL 33458	2014	
City/State and Zip Code Neather @ lifecoachfor kids org E-mail address: (to be used for future annual report notification)	APR 25	
For further information concerning this matter, please call:	PR	\mathcal{C}
Heather Medford = 561, 408-3150	12:20	P POST
Name of Person Area Code Daytime Telephone Number	0	
Enclosed is a check for the following amount:		
S125.00 Filing Fee Scrifficate of Status Status Status Status Status Status Status Status Scriffied 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 for Kids	LLC
(Must end with the words "Limited Lial ARTICLE II - Address: The mailing address and street address of the principal office	
Principal Office Address: 103 Waterford Dr Jupiter, Pc 33458	Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	sistered Agent. You must designate an individual or
The name and the Florida street address of the registered age. Heather Mea Name 103 Water	ford dr.
Florida street address (P.O. Box NO Lity	FL 3345 8 P. F. Zip Zip
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligat Chapter 6 Registered Agent's Signature	I statutes relating to the proper and complete performance ions of my position as registered agent as provided for in

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Heather Medford 103 water-ford or
AMBR	Steve Medford 103 water ford Dr Jupiter, Fr. 33458
(Use attachment if necessary)	
ICLE V: Effective date, if other than the da	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
required signature:/	0 0 0
(In accordance with section (nember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

Filing Fees:

Heather Med Ford
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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