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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
MALLAHASSEE, FLORING

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>The Motivating Factor, LLC</u> Name	e of Limited Liability Company
The en	nclosed Articles of Organization and f	ee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
	Lauri Hunter	Name of Person
		. Author of Porton
	The Motivating Factor, LLC	Firm/Company
	325 Perkins Street	Address
		Audicos
	Tallahassee, Florida 32301	City/State and Zip Code
Jhi	motivation@gmail.com E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matt	er, please call:
<u>Lauri I</u>	Hunter Name of Person	at (850) 322-8416 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amoun	t:
\$125.0	00 Filing Fee	
	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 Motivating Factor, LLC (Must end with the words "I	Limited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the prin	cipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
325 Perkins Street Tallahassee, FL 32301		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must de cistration.)	
Lauri Hunter		
	Name	
325 Perkins Street		
Florida street address (P.	O. Box NOT acceptable)	
Tallahassee	FL 32301	
City	Zip	
Having been named as registered agent and to ac the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	y accept the appointment as registered a visions of all statutes relating to the pro	agent and agree to act in this per and complete performance
Registered Agent's	Signature (REQUIRED)	14 SEP SECRETA TALLAHAS
·	NTINUED) age 1 of 2	9 M 9:48 RY OF SIMI

Title: "AMBR" = Authorized Meml "MGR" = Manager	Name and Address:
 	
	
	
(Use attachment if necessary) EV: Effective date, if other the ective date is listed, the date is	n the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other the ective date is listed, the date is filling.) E VI: Other provisions, if any.	n the date of filing:
E V: Effective date, if other the ective date is listed, the date is filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e of a member or an authorized representative of a member.
E V: Effective date, if other the ective date is listed, the date is filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm	e of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document attorn under the penalties of perjury that the facts stated herein are this is a section of the section are this is a section of the section of this document attorn under the penalties of perjury that the facts stated herein are this is a section of the section of this document attorn under the penalties of perjury that the facts stated herein are this is a section of the section
E V: Effective date, if other the ective date is listed, the date is filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any	e of a member or an authorized representative of a member.
E V: Effective date, if other the ective date is listed, the date is filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any constitutes a third december 1.	e of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are this also information submitted in a document to the Department of States are felony as provided for in s.817.155, F.S.)
E V: Effective date, if other the ective date is listed, the date is filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any constitutes a third december 1.	e of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document attorn under the penalties of perjury that the facts stated herein are the state information submitted in a document to the Department of State.