

L 14000151736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

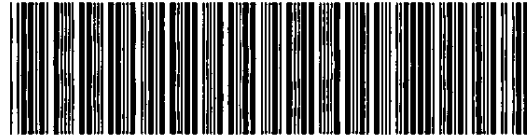
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LAW OFFICES OF  
**TERRY N. SILVERMAN P.A.**

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FLORIDA SUPREME COURT CERTIFIED  
CIRCUIT COURT MEDIATOR  
KATHERINE W. JOHNSON - LEGAL ASSISTANT

September 19, 2014

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

**RE: MONTE TOWE COACHING, LLC**

Dear Sir or Ladies:

Enclosed please find the Articles of Organization For Florida Limited Liability Company in the above referenced matter, along with our client's check in the amount of \$125.00 as the requited filing fee.

Should you have any questions, please do not hesitate to contact us.

Cordially yours,



**KATHERINE W. JOHNSON**  
Legal Assistant/Office Manager  
Email: [kjohnson@gainesvillelaw.com](mailto:kjohnson@gainesvillelaw.com)

KWJ:  
Enclosures



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Monte Towe 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:**

4952 SW 91st Way  
Gainesville, FL 32608

**Mailing Address:**

4952 SW 91st Way  
Gainesville, FL 32608

**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.)

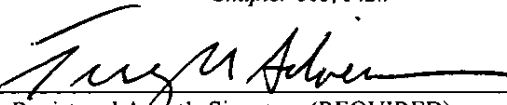
The name and the Florida street address of the registered agent are:

Terry N. Silverman  
Name

500 East University Avenue, Suite D  
Florida street address (P.O. Box **NOT** acceptable)

Gainesville FL 32601  
City 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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Monte Towe

4952 SW 91st Way

Gainesville, FL 32608

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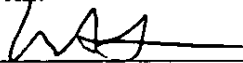
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Monte Towe

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)**