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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

NOV - 3 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coach EMOR 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:
ISRAEL JOHN Name of Person
Name of Person
Coachemap 1/1C Firm/Company
Firm/Company
308 Glewe Parkway Address
Aødress
Holly avoid, FLA. 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ISRAEL John at 305 304-4736 Name of Person Area Code Daytime Telephone Number
Sujumo inspiración
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status 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 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: (Must end with the words "Limited Liability Company, "L.L.C.," or "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: 308 Glerne Parkury Hollywood, FL. 33024 Hollywood, FL. 33024
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: John Greden
Name 308 Glance Parkusy Florida street address (P.O. Box NOT acceptable)
Hollywood FL 33020 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)

Page 1 of 2

<u> </u>	Name and Address:
MGR" = Manager AM AM AM AM AM AM AM AM AM A	4
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V: Effective date, if other than tive date is listed, the date mu filing.)	the date of filing: (OPTIONAL) est be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than tive date is listed, the date mufiling.) VI: Other provisions, if any.	est be specific and cannot be more than five business days prior to or 9
tive date is listed, the date multiling.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmal I am aware that any factors.)	est be specific and cannot be more than five business days prior to or 9

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)