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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	lling Officer:	
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Division of Corporations

December 22, 2014

JAMES JENKINS 140 STRATFORD MILL BLVD APT 207 ST AUGUSTINE, FL 32084

SUBJECT: TURNING POINT LLC Ref. Number: W14000075547

We have received your document for TURNING POINT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00026950

COVER LETTER

Division of Corporati	ons		
SUBJECT: Turning Point	Name of Limi	ted Liability Company	
	Name of Limi	ted Elability Company	
The enclosed Articles of Organi	zation and fee(s) are	submitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
JamesL Jenkins		Name of Person	
Turning Point		B: (C	
		Firm/Company	
140 Stratford Mill	Blvd, Apt 207	Address	
		71441033	
St Augustine, Fl 3	2084 Cit	ry/State and Zip Code	
iimienkins62@gmail.con	•		
E-mail	address: (to be used	for future annual report notificat	tion)
For further information concern	ing this matter, pleas	e call:	
Jim Jenkins	at (_8	28) 691-2188	
Name of Pers			ephone Number
Enclosed is a check for the follo	owing amount:		_
	.00 Filing Fee & ificate 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
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:	
Turning Point LLC. Turning Point Life (Must end with the words "Limited	E Coaching, LLC Liability Company, L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
140 Stratford Mill Blvd, Apt 207 St Augustine, Fl 32084	140 Stratford Mill Blvd, Apt 207 St Augustine, Fl 32084
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered	Registered Agent. You must designate an individual or n.)
•	agent are:
James L Jenkins Name	:
_140 Stratford Mill Blvd, Apt 20	77
Florida street address (P.O. Box	
St Augustine	FL 32084
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	rvice of process for the above stated limited liability company at of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S.
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	
Page 1 of 2	TARY OF PH

"MGR" = Munager Melanie L Weis 140 Stratford Mill Blvd. Apt 207 St Augustine, Fl 32084 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) settive date is listed, the date must be specific and cannot be more than five business days prior to or 90 ffiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: REOUIRED SIGNATURE: REOUIRED SIGNATURE: Signature of a member of any 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.) MMES L JENZIM JENZIM	Title:		ie and Address:	
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