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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: Stephanie Cook-Motivational Mom. 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:  Stephanie C. Cook Name of Person  Stephanie Cook-Motivational Mom. LLC Firm/Company  591 Shelter Cove Drive Address  Santa Rosa Beach, FL 32459 City/State and Zip Code stephaniecook722@gmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) (Certified Copy (certified Copy)  | Division of Corporations                                  |                                    |  |
|--|---|------------------------------------|--|
| The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Stephanie C. Cook  Name of Person  Stephanie Cook-Motivational Mom, LLC  Firm/Company  591 Shelter Cove Drive  Address  Santa Rosa Beach, FL 32459  City/State and Zip Code  stephaniecook722@gmall.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Stephanie Fee Status Sta   |   |                                    |  |
| Please return all correspondence concerning this matter to the following:    Stephanie C. Cook   | Name of Lim   | ited Liability Company             |  |
| Stephanie C. Cook  Name of Person  Stephanie Cook-Motivational Mom, LLC Firm/Company  591 Shelter Cove Drive  Address  Santa Rosa Beach, FL 32459  City/State and Zip Code  stephaniecook722@gmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook  at (850 ) 630-3827  Name of Person  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  Stephanie C. Cook  Certificate of Status  Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy Certified Copy Certified Copy (additional copy is enclosed)  | The enclosed Articles of Organization and fee(s) are      | e submitted for filing.            |  |
| Stephanie Cook-Motivational Mom, LLC Firm/Company  591 Shelter Cove Drive  Address  Santa Rosa Beach, FL 32459  City/State and Zip Code  stephaniecook722@gmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook at (850 ) 630-3827  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  2 \$125.00 Filing Fee \$ \$130.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy  | Please return all correspondence concerning this ma       | tter to the following:             |  |
| Stephanie Cook-Motivational Mom, LLC Firm/Company  591 Shelter Cove Drive  Address  Santa Rosa Beach, FL 32459 City/State and Zip Code  stephaniecook722@gmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook at (850 ) 630-3827 Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\sumset\$ \$125.00 Filing Fee & \$\times \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate Of Status & Certified Copy  (additional copy is enclosed)  | Stephanie C. Cook   |                                    |  |
| Firm/Company  591 Shelter Cove Drive  Address  Santa Rosa Beach, FL 32459  City/State and Zip Code  stephaniecook722@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook at (850 ) 630-3827  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\overline{2}\$\$ \$125.00 Filing Fee \$\overline{2}\$\$ \$130.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status & Certified Copy is enclosed) Certified Copy  |   | Name of Person                     |  |
| Address  Santa Rosa Beach, FL 32459  City/State and Zip Code  stephaniecook722@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook at (850 ) 630-3827  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  Stephanie C. Cook at (850 ) 630-3827  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy Certified Copy   | Stephanie Cook-Motivational Mom,                          |                                    |  |
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| Santa Rosa Beach, FL 32459  City/State and Zip Code  Stephaniecook722@gmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanie C. Cook at (850 ) 630-3827  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$125.00 Filing Fee □\$130.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy  | 591 Shelter Cove Drive                                    | Address                            |  |
| City/State and Zip Code  stephaniecook722@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  Stephanie C. Cook at (850) 630-3827 Name of Person  Area Code  Daytime Telephone Number Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  |   | 11441033                           |  |
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| Stephanie C. Cook at (850 ) 630-3827  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:   \$\Begin{array}{cccccccccccccccccccccccccccccccccccc  | stephaniecook722@gmail.com<br>E-mail address: (to be used | for future annual report notificat | tion)  |
| Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc   | For further information concerning this matter, pleas     | se call:                           |  |
| Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc   | Stephanie C. Cook at ( 85                                 | 50 ) 630-3827                      |  |
| \$\sum_{\text{\$125.00 Filing Fee}} \sum_{\text{\$130.00 Filing Fee}} \text{\$\sum_{\text{\$130.00 Filing Fee}}} \text{\$\sum_{\text{\$Certified Copy}} \$\sum_{\ |   |                                    | ephone Number  |
| Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy  | Enclosed is a check for the following amount:             |                                    |  |
| (additional copy is enclosed)  |   | Certified Copy                     | Certificate of Status &  |
| Mailing Address Street/Courier Address   |   |                                    | <u>ess</u>   |
| Registration Section Registration Section Division of Corporations Division of Corporations  |   |                                    | ons  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## LAW OFFICES OF GLENDA F. SWEARINGEN, P. A.

"Growing older graciously honors who we are"

Glenda F. Swearingen Attorney at Law Heather L. Emanuel
Assistant

Peggy D. Mathis Assistant

James D. Swearingen, Jr. Marketing

March 10, 2015

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Formation of LLC

Dear Sir/Madam:

Please find enclosed the following: Cover Letter

Articles of Organization Check payable-\$125.00

Thank you for filing. If there are any questions, please do not hesitate to contact me.

Sincerely yours,

Glenda F. Swearingen

Enclosures: As Stated

Post Office Box 1009 Marianna, Florida 32446



4440 Lafayette Street, Suite G (Main) 4317 South Street Marianna, FL 32446

Telephone: (850) 526-4465 Facsimile: (850) 526-2316 glenda@aginggraciously.com

EFFECTIVE DATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |  |
|---|--|
| The name of the Limited Liability Company is:   |  |
|   | Liability Company, "L.L.C.," or "LLC.")  ffice of the Limited Liability Company is:  Mailing Address:  |
| Stephanie Cook-Motivational Mom, LLC  |  |
| (Must end with the words "Limited   | Liability Company, "L.L.C.," or "LLC.")  |
| (Mast one Man are words 2000)   | Simoning company, allow, as a second configuration of the configuration  |
| ARTICLE II - Address:   | The second secon |
| The mailing address and street address of the principal o   | ffice of the Limited Liability Company is:   |
| n   | OF O   |
| Principal Office Address:   | Mailing Address:   |
| 591 Shelter Cove Drive  | 591 Shelter Cove Drive   |
| Santa Rosa Beach, FL 32459  | Santa Rosa Beach, FL 32459   |
|   |  |
|   |  |
| ARTICLE III - Registered Agent, Registered Office,  |  |
| (The Limited Liability Company cannot serve as its own  |  |
| another business entity with an active Florida registratio  | n.)  |
| The name and the Florida street address of the registered   | agent are:   |
| · · · · · · · · · · · · · · · · · · ·   | ,  |
| Benjie Lynn Crisp   |  |
| Name  | :  |
| 1690 Highway 2  |  |
| Florida street address (P.O. Box  | x NOT acceptable)  |
| Tional Street address (F.O. Do.   | 1.1101 acceptation)  |
| Graceville  | <u>FL 32440A</u> _   |
| City  | Zip  |
|   |  |
|   | ervice of process for the above stated limited liability company at  |
|   | ot the appointment as registered agent and agree to act in this<br>of all statutes relating to the proper and complete performance   |
| capacity. I furiner agree to comply with the provisions of my duties, and I am familiar with and accept the ob- | of all statutes retaining to the proper and complete performance<br>ligations of my position as registered agent as provided for in  |
|   | oter 605/F.S   |
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| / Janel / Jan   | ( Sest )   |
| Registered Agent's Signa  | ature (REQUIRED)   |
|   |  |

(CONTINUED)
Page 1 of 2

| <u>Title:</u>   | Name and Address:  |
|---|--|
| 'AMBR" = Authorized Member  |  |
| 'MGR" = Manager   |  |
| AMBR  | Stephanie C. Cook  |
|   | 591 Shelter Cove Drive   |
|   | Santa Rosa Beach, FL 32459   |
|   |  |
| Manager   | Stephanie C. Cook  |
|   | 591 Shelter Coved Drive  |
|   | Santa Rosa Beach, FL 32459   |
| AMBR  | Cassidy T. Cook  |
| <u></u>   | 591 Shelter Cove Drive   |
|   | Santa Rosa Beach, FL 32459   |
|   |  |
|   |  |
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| Use attachment if necessary)  |  |
| EV: Effective date, if other than the date tis listed, the date must be   | nte of filing: <u>March 9, 2015</u> . (OPTIONAL)<br>specific and cannot be more than five business days prior to or 90   |
| (Use attachment if necessary)  EV: Effective date, if other than the dative date is listed, the date must be filling.)  EVI: Other provisions, if any.  | nte of filing: <u>March 9, 2015</u> . (OPTIONAL)  specific and cannot be more than five business days prior to or 90   |
| EV: Effective date, if other than the dative date is listed, the date must be filling.)   | specific and cannot be more than five business days prior to or 90   |
| C.V: Effective date, if other than the date ctive date is listed, the date must be filling.) C.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a 1   | Specific and cannot be more than five business days prior to or 90   |
| EV: Effective date, if other than the date tive date is listed, the date must be if filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a recordance with section                                       | specific and cannot be more than five business days prior to or 90  Document  nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document   |
| EV: Effective date, if other than the dective date is listed, the date must be a filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a recordance with section constitutes an affirmation un           | nember or 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.   |
| EV: Effective date, if other than the dective date is listed, the date must be a filling.)  EVI: Other provisions, if any.  Signature of a recordance with section constitutes an affirmation un I am aware that any false infe | nember or 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. 605.0203 to the description of the document der the penalties of perjury that the facts stated herein are true. |
| CV: Effective date, if other than the dective date is listed, the date must be a filling.)  CVI: Other provisions, if any.  Signature of a recordance with section constitutes an affirmation un I am aware that any false infe | nember or 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.   |
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| CV: Effective date, if other than the dective date is listed, the date must be filling.)  EVI: Other provisions, if any.  Signature of a recordance with section constitutes an affirmation un I am aware that any false inf    | nember or 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. 605.0203 to the description of the document der the penalties of perjury that the facts stated herein are true. |

\$ 5.00 Certificate of Status (Optional)