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## **COVER LETTER**

EILED

Certificate of Status &

(additional copy is enclosed)

Certified Copy

TO: **Registration Section** 15 JUL 13 PH 4: 46 **Division of Corporations** VIBRANT LIFE COACHING, LLC SUBJECT: 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: LAURA L. PEERY Name of Person VIBRANT LIFE COACHING, LLC Firm/Company 4225 Blossom Circle Address Merritt Island, FL 32952 City/State and Zip Code loripeery@vibrantlife.coach E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura L. Peery 848-3838 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$155.00 Filing Fee & \$125.00 Filing Fee 0.00 Filing Fee & \$160.00 Filing Fee,

**Mailing Address** 

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

Certificate of Status

Street Address

—Certified Copy
(additional copy is enclosed)

New Filing 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	d Liability Company is:			EILED 15 JUL 13 PM 4: 46
VIBRANT I	LIFE COACHING, LLC			**************************************
(N	fust end with the words "Limite	d Liability Compar	ıy, "L.L.C.," or "LLC.")	N. A. S.
ARTICLE II - Addres The mailing address and	s: I street address of the principal of	office of the Limite	ed Liability Company is:	· · · · · · · · · · · · · · · · · · ·
Principal Office Address:			Mailing Addr	<u>'ess</u> :
4225 Blosso	m Circle	sar	me	
	d, FL 32952			
•	with an active Florida registration of the registere  Laura L. Peery	,		
	488 P) G' 4			
	4225 Blossom Circle Florida street address (P.O. Box NOT acceptable)			
	riorida street addres	ss (P.O. Box NOT	acceptable)	
	Merritt Island	FL	32952	
	City	State	Zip	
place designated in this co further agree to comply w	gistered agent and to accept servertificate, I hereby accept the appith the provisions of all statutes rept the obligations of my position  Regist	pointment as registe elating to the proper as registered agent	red agent and agree to act to example to act to the complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete performance and the complete performance are to be a complete and the complete performance are to be a complete and the complete performance are to be a complete and the complete are to be a complete and the complete are to be a complete and the complete and the complete are to be a complete are to be a complete	in this capacity. I se of my duties, and I
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Page 1 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Laura L. Peery 4225 Blossom Circle Merritt Island, FL 32952 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. DUVO-L. PECYU 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)

Page 2 of 2