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SECRETARY OF STATE TALLAS VESSE / LORIDA

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COVER LETTER

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_	tion Section of Corporations		
SUBJECT:	Mc Kenzie Name of L	Coaching, Limited Liability Company	LC.
The enclosed Arti	cles of Organization and fee(s) a	are submitted for filing.	
Please return all c	orrespondence concerning this r	natter to the following:	
	Julie E.	McKenzie	
		Name of Person	
		Firm/Company	
	21750 S	. Buckhill Rd.	<u> </u>
	Clermont	Address FL 347 City/State and Zip Code	15
	Julie @ Mc	City/State and Zip Code Kenzie Coa Ching ed for future annual report notification	CoM
For further informa	tion concerning this matter, plea	se call:	
Jul	Name of Person	Area Code Daytime Telephone	675 Number
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing Fe	\$130.00 Filing Fee & Certificate 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	Street Address	
	New Filing Section	New Filing Section	
	LAVISION OF COLDOLATIONS	LIVISION OF COMMONSTALL	MIX

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:			
Mc Ke	NZIE Coaching th the words "Limited Liability of	ompany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the I	Limited Liability Company is:		
<u>Principal</u>	Office Address:	Mailing Address:	_	
<u>21750 S</u>	Buckhill Rd.	21750 S. Buckhill	Rd.	
Clermon	1 FL 34715	Clermont, FL 34	715	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	unnot serve as its own Registered	ed Agent's Signature: Agent. You must designate an individual or	r	
place designated in this certificate, I further agree to comply with the prov	Tolik E. McK Name 21750 S. B Florida street address (P.O. Box ClerMont FL City State ent and to accept service of process thereby accept the appointment as a sisions of all statutes relating to the stations of my position as registered	Zip s for the above stated limited liability comparegistered agent and agree to act in this cap proper and complete performance of my did agent as provided for in Chapter 605, F.S Signature (REQUIRED)	acity. 1	SECRETARY OF STATE TALLAMACSEE, FLORIDA

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	Julie E. McKenzia
A A	Clermont, FL 34715
MGR	Mark S. McKenzie
	Clermont, FL 34715
444	
	•
(I lea attachment if nagoggam)	
(Use attachment if necessary)	11/5/2015
TICLE V: Effective date, if other than	
FICLE V: Effective date, if other than n effective date is listed, the date mulate of filing.)	ust be specific and cannot be more than five business days prior to or 90 days
FICLE V: Effective date, if other than n effective date is listed, the date make of filing.) e: If the date inserted in this block d	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be lis
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TICLE V: Effective date, if other than an effective date is listed, the date me date of filing.) te: If the date inserted in this block de document's effective date on the Department of the date of the Department of the Departm	e of a member of an authorized representative of a member. is executed in a cordance with section 605.0203 (1) (b), Florida Statutes.

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)

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