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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: <u>Peoples Personal Coaching, LLC</u> Name of Limited Liability Company	
Name of Elimited Diability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Twyla Peoples	
Name of Person	
Firm/Company	
146 People Road	
Address	
Quincy, Fl 32352	
Coach Twyla Peoples @gmail, com	
mail audress: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	
(additional copy is enclosed)	,
Mailing Address Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323 14

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 - Na The name of the I	ime: Limited Liability Co	ompany is:			
<u>.</u> _	Peop	les Persona	1 Coach	ing, LLC	
		the words "Limited Liabili			
ARTICLE II - A The mailing addr		ss of the principal office of	the Limited Liabil	lity Company is:	
	<u>Principal O</u>	ffice Address:		Mailing Address:	

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:

Name

Florida street address (P.O. Box NOT acceptable)

Quincy, Fl 3235
City State 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

	Title:	Name and Address:	
	"AMBR" = Authorized Member "MGR" = Manager		
	"MGR" = Manager	Twyla Peoples	
	•	146 People Kood	
		Ovincy, Florida 32352	•
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	(Use attachment if necessary)		
	(and remainment it it decided )		
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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)