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ZOLI KAR 20 PM ID: 04 SECRETARY OF STATE

COVER LETTER

10.	Division of Corporations
: : : ai 12	Leslie's Life Coaching, LLC
SUB	Name of Limited Liability Company
The e	nclosed Articles of Organization and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
-	Leslie F. Brown
; \$	Name of Person
;	Leslie's Life Coaching, LLC
	Firm/Company
	1443 Bayshore Drive
:	Address
	Cocoa Beach, FL 32931
	City/State and Zip Code
	babe7@bellsouth.net E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
20114	
;	at (
	Name of Person Area Code Daytime Pelephone Number
Enclo	osed is a check for the following amount:
\$125	.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Coaching, LLC		
; (N	fust contain the words "Limited Liab	ility Company,	"L.L.C.," or "LLC.")
TICLE II - Addres	s:		
mailing address and	d street address of the principal office	e of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
1443 Baysh	1443 Bayshore Drive		Bayshore Drive
Cocoa Beach, FL 32931		_	
Cocoa Beac	h, FL 32931		oa Beach, FL 32931
TICLE III - Regist	ered Agent, Registered Office, & R	Legistered Agei	nt's Signature:
TICLE III - Regist the Limited Liability (ther business entity		Registered Agei	nt's Signature:
TICLE III - Regist the Limited Liability (ther business entity	ered Agent, Registered Office, & R Company cannot serve as its own Reg with an active Florida registration.) da street address of the registered age	Registered Agei	nt's Signature:
TICLE III - Regist the Limited Liability (ther business entity	ered Agent, Registered Office, & Recompany cannot serve as its own Regwith an active Florida registration.) da street address of the registered age Leslie F. Brown	Registered Agei	nt's Signature:
TICLE III - Regist the Limited Liability (ther business entity	ered Agent, Registered Office, & Recompany cannot serve as its own Regwith an active Florida registration.) da street address of the registered age Leslie F. Brown	Registered Agei gistered Agent.	nt's Signature:
TICLE III - Regist the Limited Liability (ther business entity	ered Agent, Registered Office, & R Company cannot serve as its own Reg with an active Florida registration.) da street address of the registered age Leslie F. Brown	Registered Agei gistered Agent. ont are:	nt's Signature: You must designate an individual or
TICLE III - Regist the Limited Liability (ther business entity	ered Agent, Registered Office, & R Company cannot serve as its own Reg with an active Florida registration.) da street address of the registered age Leslie F. Brown Na 1443 Bayshore Drive	Registered Agei gistered Agent. ont are:	nt's Signature: You must designate an individual or

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)

	Name and Address:
"MGR" = Manager MGR	Leslie F. Brown
:	1443 Bayshore Drive
	Cocoa Beach, FL 32931
: : :	
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<u> </u>	
	* <u></u>
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be spec	f filing: 4/1/2017 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
date of filing.)	
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e date of filing.) ote: If the date inserted in this block does not me e document's effective date on the Department of RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE:	State's records.
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date of filing.) te: If the date inserted in this block does not me document's effective date on the Department of FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false is	State's records.
REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in the advenue of the document is executed I am aware that any false is	State's records. J. Brown Aber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

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)