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SECRETARY OF SMILE

MAY 0 4 2017

K. Brumbley

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Tewels In His Coom Coaching LLC Name of Limited Liability Company
The enclosed Articles of Organization and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Kaylena Carifer Same of Person
Firm/Company
734 Lawer Shipps Bud Rd.
Address
Centenille MN 37833
City/State and Zip Code
City/State and Zip Code City/State and Zip Code A cylene music @ gmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer K. Carter at (615) 828-2644 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Jewels In His Cown Com (Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
Jennifer K. Certer 675 Harding Place, 4 M/3 Nashulle M 37211	734 Lower Shipps Bend Rd. Centeniue, TN 37033
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	CRE II
<u>Juanita Folson</u> Name	Thomas ASSET I
1304 Orașer Florida street address (P.O. Box N	OT acceptable)
Labe Placed	₹8. 33852 FF 5

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..

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR/AMAR	Jennifer Kaylene Corter 1075 Harding Place, # MP3 Nashville OTN 37211
(Use attachment if necessary)	,
(Ose anaemient it necessary)	
DTICLE V. Effective data if other than the de-	ota of filmo. (ODTIONAL)
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)