

L17000161935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

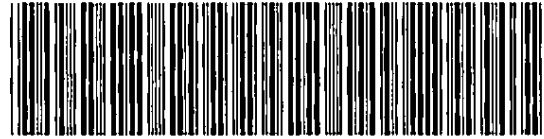
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 JUL 28 PM 4:49

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: DATE COACH ORLANDO, LLC

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:

CHRISTOPHER R. TURNER, ESQ.

Name of Person

CHRISTOPHER R. TURNER, PLLC

Firm/Company

1305 E. ROBINSON ST.

Address

ORLANDO, FL 32801

City/State and Zip Code

datecoachorlando@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER TURNER

407

796-2278

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 &
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

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2017

CHRISTOPHER R. TURNER, PLLC
1305 E. ROBINSON STREET
ORLANDO, FL 32801

SUBJECT: DATE COACH OF ORLANDO, LLC
Ref. Number: W17000056909

RECEIVED
17 JUL 28 PM 4: 07
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for DATE COACH OF ORLANDO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 217A00013917

JUL 17 2017

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DATE COACH ORLANDO, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

501 N. Orlando Ave.
Suite # 313-135
Winter Park, FL 32789

Mailing Address:

501 N. Orlando Ave.
Suite # 313-135
Winter Park, FL 32789

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:

CHRISTOPHER R. TURNER, ESQ.

Name

1305 E. ROBINSON ST.

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

ORLANDO

FL

32801

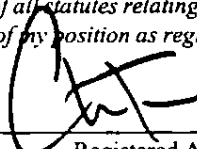
City

State

Zip

17 JUL 28 PM 4:48
STATE
TALLAHASSEE FLORIDA

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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(Use attachment if necessary)

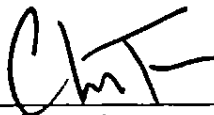
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED SIGNATURE:



Signature of a member or 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.

CHRISTOPHER R. TURNER

Typed or printed name of signer

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)

17 JUL 28 PM 4:49
SECRETARY OF STATE
FLORIDA