

L19000071970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

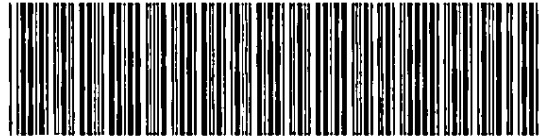
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAR 12 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 21 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thompson Life Coach Services 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:

Norman Thompson

Name of Person

Thompson Life Coach Services LLC

Firm/Company

2439 WINGED ELM Drive East

Address

Jacksonville

City/State and Zip Code

DrThompson@thompsonl.cs.com

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

For further information concerning this matter, please call:

Norman Thompson 904 9628418

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

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:

MGR Norman Thompson
2439 Winged Elm Drive E
Jacksonville Florida 32246

Olive Thompson
2439 Winged Elm Drive E
Jacksonville Florida 32246

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AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/12/2019 (OPTIONAL)

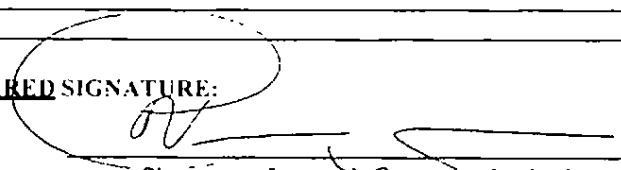
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Thompson Life Coach Services LLC is authorized to conduct any lawful business

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.

NORMAN THOMPSON

Typed or printed name of signee

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)