# Fit is Dependent asta vision of proporat Cover theet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000124099 3)))



H190001240993ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

Phone : (800)494-3124

Fax Number : (305)675-2811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. TRUE NORTH COUNSELING AND COACHING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

19 APR 16 AM 0: 58

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

APR 17 2019

H.19000124099-3

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is:
TRUE NORTH COUNSELING AND COACHING LLC

#### ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

3350 STATE ROAD 60 E

BARTOW, FLORIDA 33830

The mailing address of the Limited Liability Company is:

508 OAKLEAF DRIVE APT 4 - BOX 146

LAKELAND, FLORIDA 33801

#### ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

TAYLOR SOUTH

508 OAKLEAF DRIVE APT 4 - BOX 146

LAKELAND, FLORIDA 33801

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.

Χ .	/s/.	Tayl	lor	sou	ţh

### 4.19060124099.3

#### PAGE 2 TRUE NORTH COUNSELING AND COACHING LLC

#### ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
TAYLOR SOUTH
3350 STATE ROAD 60 E
BARTOW, FLORIDA 33830

X\_\_\_/s/\_Taylor south

TAYLOR SOUTH / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)