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SECRETARY OF STA

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COVERALETTER ,

D	Division of Cor	rporations				
SUBJECT		ner Performance C	onsulting,	LLC		
SOUTE	·· <u>—</u> —	Nan	ne of Limit	ed Liabilit	y Company	
The enclos	sed Articles of	Organization and	fee(s) are s	submitted f	or filing.	
Please retu	ım all correspo	ondence concernin	g this matte	er to the fo	llowing:	
	Eric Biener					
				Name of I	erson	
	Coach Biene	er Performance Co	nsulting, L	.LC		
				Firm/Con	pany	
	2009 Maple	wood Drive				
				Addre.	SS	
	Coral Spring	s, FL 33071				
			City	/State and	Zip Code	-
	coachbiener@		be used for	or futuro an	nual report notificat	ion)
For further i		ncerning this matte			nuai report nouneac	ion,
	Eric Biener		954 at (326-0188	
	Nam	e of Person	Area	a Code	Daytime Telephor	ne Number
Enclosed i	s a check for the	he following amou	nt:			
፷ \$125.00) Filing Fee	□\$130.00 Filin Certificate of St	tatus	Certific	00 Filing Fee & 1 Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				,		

Mailing Address

TO: New Filing Section

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2020 JUN -4 AM 9: 51

SECRETARY OF STATE TALLAHASSEE, FL

Coach Biener Performance Consulting, 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 A	<u>idress</u> :	Mailing Address:
2009 Maplewood Drive	200	09 Maplewood Drive
Coral Springs, FL 33071	Co	ral Springs, FL 33071
The Limited Liability Company cannot serve nother business entity with an active Florida was a literature of the company of th	a registration.)	. Fou must designate an individual or
ne name and the Florida street address of the	ic registered agent are.	
The name and the Florida street address of the name and the name and the Florida street address of the name and the na		

	Name	
2009 Maplewood D	rive	
Florida street addres	ss (P.O. Box <u>NOT</u> a	acceptable)
Coral Springs	FL	33071

State

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

Zip

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:	
"MGR" = Ma			
AMBR		Eric Biener 2009 Maplewood Drive Coral Springs, FL 33071	
			2820 .
			SHORETIANT OF
			AH OF SEE
			9: 51 FL
(Use attachme	ent if necessary)		
If an effective date is I he date of filing.) Note: If the date inser	isted, the date must be spec	of filing: cific and cannot be more than five business eet the applicable statutory filing requirement f State's records.	days prior to or 90 days after
ARTICLE VI: Other pr	•		
REOUIRED	SIGNATURE:	12 ·	
	Signature of a men This document is execute I am aware that any false	nber or an authorized representative of a side in accordance with section 605.0203 (1) (binformation submitted in a document to the fielding as provided for in s.817.155, F.S.	o), Florida Statutes.
	Eric Biener	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)