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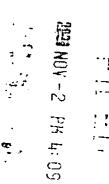
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

New Filing Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Are You Alive Today? Life Coaching				
Name of Limited Liabili	ity Company			
The enclosed Articles of Organization and fee(s) are submitted	_			
Please return all correspondence concerning this matter to the f	'ollowing:			
Michael Lewis				
Name of	Person			
Are You Alive Today? Life Coaching Firm/Co				
riinvC0	прапу			
2725 Via Cipriani, Unit 735B				
Addre	ess			
Clearwater	d Zip Code			
City/State and areyoualivetoday@gmail.com	d Zip Code			
E-mail address: (to be used for future a	innual report notification)			
For further information concerning this matter, please call:	innual report notification)			
Michael Lewis at (818	3396561			
Name of Person Area Code	Daytime Telephone Number			
Enclosed is a check for the following amount:				
Certificate of Status Certific	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
New Filing Section	Street Address New Filing Section Division The Centre of Tallahassee			
- F	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Michael Lewis 2725 Via Cipriani, Unit 735B Clearwater, FL 33764
······	222 - L
	PH 4 09
(Use attachment if necessary)	<u></u>
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
ARTICLE VI: Other provisions, if any.	
This document is exect that any factors are the control of the con	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State
	ree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Michael Lewis

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJE	CT: Are You Alive Today? Life Coa	ching Limited Liabil	ity Company	<u>.</u>	•
	Name of	Limited Liabii	tty Company		
The end	closed Articles of Organization and fee(s) are submitted	for filing.		
Please i	eturn all correspondence concerning this	matter to the i	ollowing:		
	Michael Lewis				
		Name of	Person		
	A M. Alber Tadas O. Ma Cana	hin a			£ _
	Are You Alive Today? Life Coac	ning Firm/Co	mpany	· -	79
					₹ 8
	2725 Via Cipriani, Unit 735B				
	2720 710 0101011, 01111	Addr	ess		
					1 4
	Clearwater				*
		City/State an	d Zip Code		50
	areyoualivetoday@gmail.com			···	
	E-mail address: (to be u	sed for future a	innual report notificati	on)	
For furth	er information concerning this matter, pl	ease call:			
	Michael Lewis at	(818) 3396561		
	Name of Person	Area Code	Daytime Telephone	e Number	
171	Ji				
Enclose	d is a check for the following amount:			PP	
□\$125	.00 Filing Fee \$\square\$		5.00 Filing Fee & ed Copy		Filing Fee, cof Status &
	Sommer of parties		al copy is enclosed)	Certified (
				(additional c	copy is enclosed)
	Mailing Address		Street Address		
	New Filing Section		New Filing Section Di		
	Division of Corporations		The Centre of Tallaha 2415 N. Monroe Stree		
	P.O. Box 6327		Z410 IN. MONTOC SITC	a, suncary	

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLE IV-

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Michael Lewis 2725 Via Cipriani, Unit 735B Clearwater, FL 33764	
	4 0.5 Te	
· 	NOV - 2	
(Use attachment if necessary)	f filing: (OPTIONAL)	
the date of filing)	ific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	In Lemo	
This document is executed	aber or an authorized representative of a member. d 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.

Michael Lewis

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)