# Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PREMIER ADVISORY GROUP INC

Account Number : I20200000085 : (305)370-9567 Phone Fax Number : (305)675-0551

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

FLORIDA LIMITED LIABILITY CO.

Certificate of Status	U
Certified Copy	0
Page Comu	01
Estimated Charge	\$125,00

IVELISE COACHING LLC

2023

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850-617-6381

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Fax Server



January 4, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

PREMIER ADVISORY GROUP INC

SUBJECT: IVELISE COACHING LLC

REF: W23000000489

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the title(s) of each officer in your document.

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.

Genesis R Kersey OPS Clerk

FAX Aud. #: H23000001533 Letter Number: 923A00000176

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

## IVELISE COACHING 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:	Mailing Address:	
9081 SW 169TH PATH	9081 SW 169TH PATH	
MIAMI, FL 33196	MIAMI, FL 33196	

### 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:

PREMIER ADVISO	RY GROUPING	
	מוגלו	
8300 W FLAGLER	STREET SUITE 25	4-L
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
МІАМІ	FL	33144
Ch/	State	Zip

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. Thereby accept the appointment as registered agent and agree to act in **f** is 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 Clypte 605. ES

Registered Agent's Signature (NEQ) NET)

(CONTINUED)



"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	IVELISE ALONSO 9081 SW 169 JH PATH MIAMI, FL 33169
(Use attachment if necessary)	
ARTICLEV: Effective date, if other than t	the date of filing:
he date of filing.)	es not meet the applicable statutory filing requirements, this date will not be listed as
he date of filing.) <u>Note:</u> If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be listed as
he date of filing.) Note: If the date inserted in this block do- the document's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be listed as
he date of filing.)  Note: If the date inserted in this block do the document's effective date on the Depa ARTICLEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is Lam aware that a	es not meet the applicable statutory filing requirements, this date will not be listed as

Filing Fees:

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

- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)