Florida Deparament of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 : (800)221-2972 Fax Number : (917)243-5843

**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.

AKM Coaching, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: AKM Coaching, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address:

Tallahassee

City

Principal Office Address:	Mailing Address:
3000 NE 2nd Ave #702	3000 NE 2nd Ave #702
Miami, FL 33137	Miami, FL 33137
imited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individual or
ICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) ame and the Florida street address of the registered agent Registered Agent Solutions Nam	tare:

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..

Florida street address (P.O. Box NOT acceptable)

State

Jose Mojica, Assistant Secretary

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
MiGR® Manager	•
AMBR	Alisha K. Bowker
The state of the s	3000 NE 2nd Ave #702
	Mismi, FL 33137
* .	
	3
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