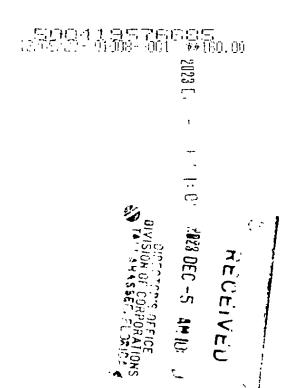
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	(Requestor's Name)
	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

	w Filing Sec ision of Co			
SURFECT	(+1	M Coaching a	ad Media LLC	
Sobole 1.		Name of Lin	mited Liability Company	
The enclosed	d Articles of	Organization and fee(s) ar	re submitted for filing.	
Please return	all correspo	ondence concerning this in	atter to the following:	
_		Gloria Dar	ling	
			Name of Person	
_				
			Firm/Company	
_		3454 Fuln	nouth Court	
			Address	
_		Tallahass	City/State and Zip Code City/State and Zip Code	
			City/State and Zip Code	
_		alomacnoli	a wamail, com	
	E	E-mail address: (to be used	I for future annual report notificati	ion)
For further inf	ormation co	ncerning this matter, pleas	e call:	
	Coloria	Darline all	850 345.03 rea Code Daytime Telephon	19
_	Nam	e of Person A	rea Code Daytime Telephon	e Number
Enclosed is a	ı check for tl	ne following amount:		
□\$125.00 F	filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	©\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address	Street Address	
		ling Section	New Filing Section Di The Centre of Tallaha	
		on of Corporations ox 6327	2415 N. Monroe Stre	
		issee, FL 32314	Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

(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:
3459 Falmouth Court	400 Capital Circle SE
Tullahassee, FL 32317	F1441
	Tullahassee, Fl 32301

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:

Glaria	Darling	4	
	Name	7	
3459 F	Falmouth	Court	
Florida street address	s (P.O. Box <u>NO</u> T	[acceptable)	
Tallah	assee, F	L 3231	7
City	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, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

- 1	DT.	17 1	Η.	IV.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Gloria Dading 3459 Falmouth court Tallahassee, FC 32317
he date of filing.)	of filing: January 1, 2024. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
NRTICLE VI: Other provisions, if any. 18 26 6 11 1 93-46816	20
REOUIRED SIGNATURE:	D Daling
This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. red in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
<u> </u>	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)