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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: Coaching & Management LLC, a Texas Limited Liability Company Name of Limited Liability Company							
Please r	turn all correspondence concerning this matter to the following:						
	Juan J. Perez						
Name of Person							
Perez & Cueva PA							
Firm/Company							
8527 Pines Boulevard, #201							
Address							
Pembroke Pines, FL 33024							
City/State and Zip Code							
jperez@jjplegal.com							
	E-mail address: (to be used for future annual report notification)						
For furt	er information concerning this matter, please call:						
	Juan J. Perez 954 450-2585						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose	is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee} \Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee} \Bigsim \Bi						



September 4, 2015

JUAN J. PEREZ PEREZ & CUEVA PA 8527 PINES BLVD #201 PEMBROKE PINES, FL 33024

SUBJECT: COACHING & MANAGEMENT LLC

Ref. Number: W15000057113

We have received your document for COACHING & MANAGEMENT LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00018166

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coaching & Managem					,	
(Name of For	eign Limited Liability Co	ompany; must inclu	de "Limited Liab	ility Company," "L.L.C.," or	"LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C,	dternate name adopted for "LLC.")	r the purpose of tra	nsacting business	s in Florida. The alternate nam	ne must include "Limited	
2. Texas		3.	47-2759824			
(Jurisdiction under the law company is organized)	of which foreign limited		·	(FEI number, if applicable))	
4.					-	
	(Date first transi (See sections 605.0	acted business in F 0904 & 605.0905, i	lorida, if prior to F.S. to determine	registration.) penalty liability)		
5. 5645 Coral Ridge Driv	ve #167				_	
Coral Springs, Florida						
	•	Address of Principa	d Office)		- 300 2	
6. 5645 Coral Ridge Driv	c #167	···				
Coral Springs, Florida	33076				SEP SEP	
		(Mailing Address	1)		- 22 二	
7. Name and street address	ss of Florida registered	agent: (P.O. Box	x NOT accepta	ble)		
Name:	Persex & Cuerra P A					
Office Address:	8527 Pines Boulevar	d			2: 55 Parity	
	Pembroke Pines			, Florida 33024 (7in code)		
Registered agent's accep		(City)		(Zip code)	•	
Having been named as re this application, I hereby with the provisions of all t the obligations of my posi	gistered agent and to a accept the appointmen statutes relative to the	nt as registered a proper and comp t	gent and agree	to act in this capacity. If	further agree to comply	
8. The name, title or capa	icity and address of the	person(s) who h	as/have authoria	v to manage is/are:		
Carlos A. Llano, Managin	-	• ()		, ., .,		
5645 Coral Ridge Drive #	167		····			
Coral Springs, Florida 330	076	······································				
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized abmitted)	d. (If the certificate) Signature of an au	te is in a foreign	a language, a translation of	the certificate under oath	
This document is executed submitted in a document to	the Department of Star	ction 605.0203 (1) to constitutes a th) (b), Florida Si ird degree felor	atules. I am aware that any ny as provided for in s.817. '	false information 155, F.S.	
	Carlos A. Llano					

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Coaching & Management LLC (file number 802130939), a Domestic Limited Liability Company (LLC), was filed in this office on January 07, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 14, 2015.



Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Dial: 7-1-1 for Relay Services Document: 615524590002