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Florida Department of State
Division of Corporations
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Account Number : I20230000141
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S. CHATHAM
JAN 14 2025

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ron@marlowe.law

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RECEIVED

FLORIDA LIMITED LIABILITY CO.
LEADERSHIP LAUNCHPAD, LLC

Certificate of Status	1
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Page Count	02
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

LEADERSHIP LAUNCHPAD, 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:**
6421 N FLORIDA AVE	1 COBBLESTONE CT
D-406	NESCONSET, NY 11767
TAMPA, FL 33604	

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:

REGISTERED AGENTS INC.
Name

7901 4TH ST N, STE 300
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG	FLORIDA	33702
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..

David Roberts
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	SCOTT NICHOLSON 1 COBBLESTONE CT NESCONSET, NY 11767
MGR	JANICE NICHOLSON 1 COBBLESTONE CT NESCONSET, NY 11767

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
This Limited Liability Company shall be Manager Managed unless otherwise provided by the Operating Agreement.

REQUIRED SIGNATURE:

Scott Nicholson

Signature of a member or an authorized representative of a member.
This document is executed 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.

SCOTT NICHOLSON
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)

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