

L040000010678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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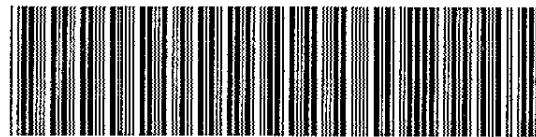
(Business Entity Name)

(Document Number)

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10/24/03--01059--015 **100.00

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2004 FEB - 6 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03-36753
J. BRYAN OCT 29 2003

J. BRYAN FEB 10 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Work Leaders, LLC.

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald M. Czarnecki

(Name of Person)

The Deltennium Group, Inc.

(Firm/Company)

225 NE Mizner Blvd., Suite #300

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald M. Czarnecki

(Name of Person)

at (561)

620-1966

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 29, 2003

GERALD M. CZARNECKI
THE DELTENNIIUM GROUP, INC.
225 NE MIZNER BLVD., STE. #300
BOCA RATON, FL 33432

SUBJECT: WORK LEADERS LLC
Ref. Number: W03000031756

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2004 FEB -6 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

THE DELTENNIIUM INSTITUTE, LLC

We have received your document for ~~WORK LEADERS LLC~~ and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 003A00059046


NOTE:
PLS CHANGE THE NAME
AS SHOWN ON ATTACHED.
[Signature]

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

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2004 FEB - 6 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Work Leaders, LLC~~ THE PELTENNUM INSTITUTE, 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:

225 NE Mizner Blvd.

SAME

Suite # 300

Boca Raton, FL 33432

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GERALD M CZARNECKI
Name

225 NE MIZNER BLVD, STE #300
Florida street address (P.O. Box NOT acceptable)

BOCA RATON, FLORIDA 33432
City, State, and 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 608, Florida Statutes..

Gerald M Czarnicki
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gerald M. Czarnecki

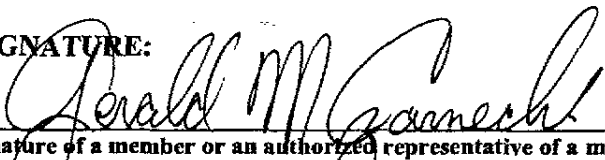
282 Fan Palm Road

Boca Raton, FL 33432

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gerald M. Czarnecki

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA