(Requestor's Name)
(Address)
·
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
epotential actions to 1 ming ember.
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Office Use Only

G. MCLEOD

AUG 27 2008

EXAMINER



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COVER LETTER

то:	Registration S Division of Co					
SUBJ	ECT: Leade	rship Options, LL	C			
		(Name of Resulting	Florida	Limited C	ompany)	
conve		isiness Entity" into a "				and fees are submitted to ty Company" in
Please	e return all corre	espondence concerning	g this	matter to:	;	
Dr. Ly	n Boyer				_	
,		(Contact Person)				
Leade	rship Options, LL				_	
		(Firm/Company)				
2503 8	39th St. NW					
		(Address)			_	
Brade	enton, FL 34209	-9617				
		City, State and Zip Code)			_	
rc			44.0m ml	الموم ممالا		• • •
ror it	irtner informati	on concerning this ma	uer, p	lease can	•	
Lyn B			_at (_	941) 356-4	
	(Name of Conta	ct Person)		(Area Cod	le and Da	ytime Telephone Number)
Enclo	sed is a check f	or the following amou	nt:			
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status		80.00 Filin Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divis Clifto 2661	tration Section ion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle		Regis Divisi P. O.	tration S ion of C Box 632	Corporations

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

Leadership Options, Inc	_ ·
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	<u>_</u> .
(Enter entity type. Example: corporation, limited partnership, sole proprietors general partnership, common law or business trust, etc.)	ship,
irst organized, formed or incorporated under the laws of Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	
August 1, 2004 (Enter date "Other Business Entity" was first organized, formed or incorporat	ed)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	08 AUG 26
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	S PH I:
eadership Options, LLC	= 5
(Enter Name of Florida Limited Liability Company)	75
. If not effective on the date of filing, enter the effective date: Sept. 1, 2008	

Signed this 18 day of August	20_08
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: LYN BOYER	e: Syn Boyer Title: PRESTOENT
Signature(s) on behalf of Other Business Entity:	
Signature: My Boy ER Printed Name: LYN BOY ER	Title: PRESIDENT
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	corporator must sign.
Signature of one General Partner.	.
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:			
The name of the L	imited Liability Co	mpany is:		
Leadership (Options, LLC			
(Must end with the word "LLC.")	s "Limited Liability Com	pany," the abbr	eviati	on "L.L.C.," or the designation
ARTICLE II - Ac	ldress:			
The mailing address Liability Company		s of the prir	псіра	al office of the Limited
Principal Office A	Address:		<u>Ma</u>	iling Address:
2503 89th St. NW		B	<u>250</u>	3 89th St. NW
Bradenton, FL 342	09-9617		<u>Bra</u>	denton, FL 34209-9617
Signature: (The Limited Liability Condividual or another business entity with an	ompany cannot serve as i	ts own Register	ed Ag	ce, & Registered Agent's gent. You must designate an
The name and the	Florida street addre	ss of the reg	giste	red agent are:
	Dr. Lyn Boyer			
	0500 000 00 100	Name		
	2503 89th St. NV		.	NOT (- - - -
	Florida street add	ress (P.O. E	XOX I	NO1 acceptable)
	Bradenton,		FL	34209-9617
		City. State	and	7in

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
Wallaging Wolliot	
	(Use attachment if necessary)
	(,)
	•
CLE V: Effective date, if other than the	date of filing: Sept. 1, 2008
ffective date: 1) cannot be prior to n	e date of filing: Sept. 1, 2008 (OPTIONAL) nor more than 90 days after the date
CLE V: Effective date, if other than the effective date: 1) cannot be prior to nent is filed by the Florida Departme fective date listed in the attached C is listed therein.)	date of filing: Sept. 1, 2008 (OPTIONAL) nor more than 90 days after the date nt of State; AND 2) must be the same
ffective date: 1) cannot be prior to n tent is filed by the Florida Departme fective date listed in the attached C	date of filing: Sept. 1, 2008 (OPTIONAL) nor more than 90 days after the date nt of State; AND 2) must be the sam
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ffective date: 1) cannot be prior to nent is filed by the Florida Departme fective date listed in the attached C listed therein.) REQUIRED SIGNATURE:	e date of filing: Sept. 1, 2008 (OPTIONAL) nor more than 90 days after the date nt of State; AND 2) must be the sam dertificate of Conversion, if an effect
ffective date: 1) cannot be prior to not tent is filed by the Florida Departme fective date listed in the attached Collisted therein.) REQUIRED SIGNATURE: Signature of a member or an automorphism of this document constitutes an affile.	date of filing: Sept. 1, 2008 (OPTIONAL) nor more than 90 days after the date nt of State; AND 2) must be the same
ffective date: 1) cannot be prior to neent is filed by the Florida Departme fective date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an autofilia document constitutes an affile.	(OPTIONAL) nor more than 90 days after the date nt of State; AND 2) must be the same ertificate of Conversion, if an effect thorized representative of a member 408(3), Florida Statutes, the execution firmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)