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SEGRETARY OF STATE DIVISION OF SCRPORATIONS

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**EXAMINER** 

# BEIL & HAY, P.A. CHARLES J. SAVIO Attorney at Law

WEST SIDE - PASCO COUNTY 12300 U.S. Hwy 19 N. Hudson, Fiorida 34667 TEL. (727) 869-1503 FAX. (727) 863-1287 Reply:to:8/
EAST SIDE - PASCO COUNTY
P. O. Box 568
San Antonio, Florida 33576
TEL. (352) 588-3438
FAX. (352) 588-3416

February 26, 2010

Corporate Records Bureau Division of Corporations Department of State P. O. Box 6327 Tallahassee, FL 32314

Re: International Organizational Developmental and Leadership Institute, LLC

Dear Sir/Madam:

Enclosed herewith please find the original and one (1) copy of the Articles of Organization for a proposed Florida Limited Liability Company, International Organizational Developmental and Leadership Institute, LLC. Also enclosed is a check in the amount of \$160.00 to cover the following:

Profit Corporation Filing Fee	\$100.00
Registered Agent Designation	25.00
Certified Copy	30.00
Certificate of Status	5.00
TOTAL	\$160.00

Please file the Articles of Organization and return a certified copy to the undersigned.

Very truly yours,

Charles J. SAVIO

Attorney at Law

.CJS:ps

Enclosures: Original and one copy of Articles of Organization

Check in the sum of \$160.00

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	CI	$\mathbf{E}$	I - 1	Na	me	

The name of the Limited Liability Company is:

International Organizational Developmental and Leadership Institute, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC", or "L.C.,")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:				
6409 Ashville Drive Zephyrhills, FL 33543	6409 Ashville Drive Zephyrhills, FL 33543				
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:					
<u> </u>					

Name	
6409 Ashville Drive	
Florida street address (P. O. Bo	ox <u>not</u> acceptable)
Zanhumbilla El 22542	

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, F.S.

Charle Dennis Hale

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE DIVISION OF COMPORATIONS

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Charles Dennis Hale	
	6409 Ashville Dr.	
	Zephyrhills, FL 33542	
MGRM	T. Lynn Wilson	
	37826 Florida Ave.	
	Dade City, FL 33525	
MGRM	Robert W. Robertson	
	39132 CR 54, Apt. 2092	
	Zephyrhills, FL 33542	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other	than the date of filing:	. (OPTIONAL)
	e must be specific and cannot be more tha	

## **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.)

Charles Dennis Hale, MGRM

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)