

L110000 95229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

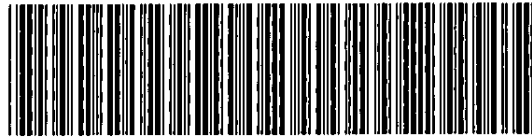
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/11--01029--026 **130.00

RECEIVED
11 AUG 18 PM 2:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

08/15/11

FILED
11 AUG 18 PM 2:32
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 18 2011

EXAMINER

LEADERSHIP & TRAINING

LTRI

RESEARCH INSTITUTE LLC

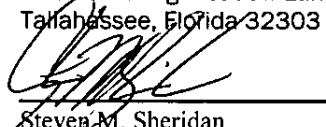
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

August 17, 2011

Attached is the required paperwork and payment (130.00) for the creation of the Leadership & Training Research Institute (LTRI) LLC. If there are any questions or concerns please contact Steve Sheridan or Jack Martin at the number and/or address listed below.

LEADERSHIP & TRAINING
RESEARCH INSTITUTE
(LTRI) LLC

850-980-6048
4557 Running Meadow Lane
Tallahassee, Florida 32303


Steven M. Sheridan


William "Jack" Martin

FILED
11 AUG 18 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEADERSHIP + TRAINING RESEARCH INSTITUTE (LTRI) 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:

STEVEN M SHERIDAN

Name of Person

LEADERSHIP + TRAINING RESEARCH INSTITUTE (LTRI)

Firm/Company

4557 RUNNING MEADOW LN

Address

TALLAHASSEE, FLORIDA 32303

City/State and Zip Code

STEVE@THELTRI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN M SHERIDAN

Name of Person

at (850) 980-6048

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
MAR 18 PM 2:32
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEADERSHIP + TRAINING RESEARCH INSTITUTE (LTRI) LLC
(Must end with 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:

4557 RUNNING MEADOW LN
TLH, FL 32303

Mailing Address:

4557 RUNNING MEADOW LN
TLH, FL 32303

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:

STEVEN M SHERIDAN
Name

EFFECTIVE DATE

08/15/11

4557 RUNNING MEADOW LN

Florida street address (P.O. Box **NOT** acceptable)

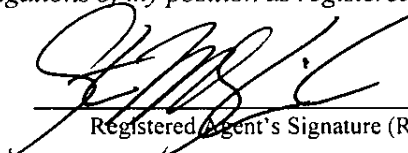
TLH

FL

32303

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

WILLIAM "JACK" MARTIN JR
1681 COPPERFIELD CIRCLE
TCH, FL 32312

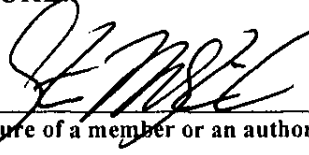
MGRM

STEVEN M. SHERIDAN
4557 RUNNING MEADOW LN
TCH, FL 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 15 2011. (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.)

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. 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.)

STEVEN M. SHERIDAN

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)