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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Southone Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

SEP 3 0 2014 T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Loa Name of Lin	mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Judi Schve	Name of Person
TheHomem	ag Holding Co. LLC
1732 SE L	+7th Terrace Address
judischvo	City/State and Zip Code eder a Hehome May Come ed for future annual report notification)
For further information concerning this matter, ple	ease call:
Judi Schweder at (Area Code Daytime Telephone Number
Exclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$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	Street/Courier Address
Registration Section	Registration Section Division of Corporations
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 16, 2014

JUDI SCHVOEDER THE HOME MAG HOLDIND CO, LLC 1732 SE 47TH TERRACE CAPE CORAL, FL 33904

SUBJECT: FLORIDA LEADERSHIP, LLC

Ref. Number: W14000056658

We have received your document for FLORIDA LEADERSHIP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 10, 2014. Please amend your document accordingly.

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) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 614A00019841

EFFECTIVE DATE

ARTICLES OF ORGANIZATION FOR FILOR	SIDA LIMITED LIABILITY COMPANY		
ARTICLE 1 - Name:	St. St.		
The name of the Limited Liability Company is:	3		
Florida Leadership	LLC 2		
(Must end with the words "Limited Liab	ility 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:	failing Address:		
1732 SE 47th Terr 1	7.32 SE 47+4 Terr.		
Cape Conal, Ft 33704 C	apetoral, FL 33904		
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:			
J Corporation S	vstem		
Name 1200 South Pine 18	had Road		
Florida street address (P.O. Box NO	T acceptable)		
<u>Plan tation</u>	FL 33324_		
City	Zip		
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation shapter to Registered Agent's Signature (appointment as registered agent and agree to act in this statutes relating to the proper and complete performance ons of my position as registered agent as provided for in 15; F.S		
(CONTINUED)			

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AM BR	Opportunity Leads International LLC 631 N Stephanie St. Ste 549 Henderson, NV 89014
MGR	Sean Campbell 1730 SE 47th Terr Cape Cons. FL. 33904
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.)	of filing: Decembon 10, 2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days af
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a me	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation unde I am aware that any false infor	er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State mation submitted in s.817.155, F.S.)
constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon	er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)