

L14000189962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

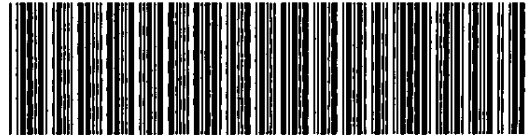
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800264894298

10/08/14--01010--010 **135.00

Effective Date 1/1/15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT - 8 PM 4:10

DEC 12 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leadership First, 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:

Sherrie L. Sitarik
Name of Person

Leadership First, LLC
Firm/Company

320 Hemmingway ct
Address

Oviedo, Fla 32765
City/State and Zip Code

ssitarik7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherrie Sitarik at (407) 222 4220
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2014

SHERRIE L SITARIK
320 HEMMINGWAY CT
OVIEDO, FL 32765

SUBJECT: LEADERSHIP FIRST, LLC
Ref. Number: W14000062705

We have received your document for LEADERSHIP FIRST, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 October 8, 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 214A00024711

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT -8 PM 4:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2014

SHERRIE L SITARIK
320 HEMMINGWAY CT
OVIEDO, FL 32765

SUBJECT: LEADERSHIP FIRST, LLC
Ref. Number: W14000062705

We have received your document for LEADERSHIP FIRST, LLC and your check(s) totaling \$135.00. 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 October 8, 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 414A00022021

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT -8 PM 4:11

Effective Date 1/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leadership First, 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:

Mailing Address:

320 Hemmingway Ct
Oviedo, FL 32765

320 Hemmingway Ct
Oviedo, FL 32765

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:

Sherrie Sitarik

Name

320 Hemmingway Ct

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

Oviedo

City

FL 32765

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 605, F.S..

Sherrie Sitarik
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Sherrie Sitarik

320 Hemmingway Ct

Oviedo, FL 32765

AMBR

Marshall Sitarik

320 Hemmingway Ct

32765 Oviedo, FL

(Use attachment if necessary)

January 1st, 2015

55

ARTICLE V: Effective date, if other than the date of filing: January 10, 2015 (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.)

ARTICLE VI: Other provisions, if any.

The purpose of this company is to conduct any and all lawful business in the state of Florida

REQUIRED SIGNATURE:

Sherrie Sitarik

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

(In accordance with section 605.0203 (1) (b), 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.)

Sherrie Sitarik

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)