## )00027764

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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JAN 2 5 2016

S. PRATHER

## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	Leading Change, LLC	
SUBJE		ited Liability Company
The enc	iclosed Articles of Organization and fee(s) are	submitted for filing
	return all correspondence concerning this ma	-
r icase i		tter to the following.
	Joseph M. Bradley	
		Name of Person
	Leading Change, LLC	
		Firm/Company
	1520 Independence Ave	
		Address
	Melbourne, FL 32940	
		ity/State and Zip Code
	josephbradley@leading-change.org  E-mail address: (to be used	for future annual report notification)
For forth	her information concerning this matter, please	•
roi iuitii	ner information concerning this matter, please	can.
	Joseph M. Bradley 75	7 818.5987
	Name of Person A	rea Code Daytime Telephone Number
Enclose	sed is a check for the following amount:	
<b>\$</b> 125.0	00 Filing Fee \$\bigs\\$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 Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	/ Company is:		
Leading Change, LLC	<del> </del>	d Liability Compa	ny, "L.L.C.," or "LLC.")
(IVIDAL CITO P	ridi die words Elline	a Elability Compai	iy, Little, or Lite.
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal of	office of the Limite	d Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
1520 Independence A	ve	15.	20 Independence Ave
Melbourne, FL 32940		Me	elbourne, FL 32940
ARTICLE III - Registered Age: (The Limited Liability Company) another business entity with an ac-	cannot serve as its owi	n Registered Agent	ent's Signature: . You must designate an individual or
The name and the Florida street a	ddress of the registere	d agent are:	
	Joseph M. Bradley		
	<u> </u>	Name	
,	1520 Independence	Ave	
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)
	Melbourne	FL	32940
	City	State	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..

(CONTINUED)

Page 1 of 2

<u>Title:</u>		Name and Address:	
"AMBR" = A	thorized Member		
"MGR" = Mai	ager		
<u>AMBR</u>		Joseph M. Bradley	
		1520 Independence Ave	
		Melbourne, FL 32940	
			•
			;
	<del></del>		
CLE V: Effective effective date is I te of filing.)	sted, the date must be specifi	iling: 1Fcbruary2016 . (OPTIONAL) c and cannot be more than five business days prior to or 90	•
CLE V: Effective effective date is I te of filing.)  If the date insert	date, if other than the date of fi sted, the date must be specifi	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	•
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective	date, if other than the date of fisted, the date must be specified in this block does not meet a date on the Department of S	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	
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CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other pr	date, if other than the date of fisted, the date must be specified in this block does not meet a date on the Department of Sovisions, if any.  SIGNATURE:  Signature of a member This document is executed in a maware that any false inficonstitutes a third degree felonates.	the applicable statutory filing requirements, this date will not tate's records.  The property of a member of state on a submitted in a document to the Department of State only as provided for in s.817.155, F.S.	•

ARTICLE IV-