## L20000268368

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

Office Use Only

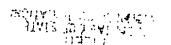


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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE <u>09/04/2020</u>		₩WALK IN
ENTITY NAME LEADING	REVOLUTION USA, LLC	<u>.                                    </u>
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	577-1
XXXX	Plain Copy Certified Copy	BIS HA
	Certificate of Status	18
***P2	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		-
TOTAL OWED \$125.00	ACCOUNT #: I20160000072	
Please call Tina at th	e above number for any issues or concerns. Thank you so m	uch!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leading Revolution (Must con	1 USA, LLC ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:		
Principal Office Address:			Mailing Addres	<u>ss</u> :	
501 East Kennedy Blvd. Tampa, FL 33602			East Kennedy Blvd. pa, FL 33602		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar The name and the Florida stree	ny cannot serve as its own n active Florida registratio	Registered Agent, on.) dagent are:		vidual or	
	medip Services, me	Name			
17888 67th Court North					
	Florida street address (P.O. Box NOT acceptable)				
	Loxahatchee	FL	33470		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the am familiar with and accept the d	e, I hereby accept the app provisions of all statutes robligations of my position	ointment as register elating to the proper as registered agent	ed agent and agree to act in and complete performance	this capacity. I of my duties, and	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager AMBR	John Thomas Chafin II			
AMDIC	6700 150th Avenue N., #523			
	Clearwater, FL 33764			
AMBR	Pam Hesler			
	6700 150th Avenue N., #523			
	Clearwater, FL 33764			
AMBR	Paul Neira			
AMDR	50 Salisbury Ave.			
	Toronto, Ontario M4X 1C4 Canada			
	Toronto, Ontario (VIAX 104 Canada			
<del></del>				
(Use attachment if necessary)				
ADTRICLER DOCAL TABLE A A A A FORE	(0)77101111			
ARTICLE V: Effective date, if other than the date of filing:	(OPHONAL)			
the date of filing.)	cannot be more than five business days prior to or 90 days after			
	plicable statutory filing requirements, this date will not be listed as			
the document's effective date on the Department of State's	records.			
·				
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	<b>♪</b> ·/			
sidi.iiid				
	<u> </u>			

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 1 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.

Ed Tsuji, Authorized Representative

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)