L21000108596

(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:				

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COVERLETTER

то:	New Filing Section Division of Corporations				
SUDIU	Your Leadership Legacy, LLC				
SUBJEC		Limited Liability Company			
The encl	osed Articles of Organization and fee(s	Lare submitted for filing			
	turn all correspondence concerning this				
r rease re	tum an correspondence concerning this	s matter to the tolkowing.			
	Oakland McCulloch				
		Name of Person			
	Your Leadership Legacy, LLC				
		Firm/Company	<u></u>		
	3799 S. Atlantic Ave., Unit 1106		ALL M	21 FE	
	<u> </u>	Address	<u> </u>		<u></u> i
	Daytona Beach, FL 32118		SEE	5 AH	
		City/State and Zip Code	0.0	Ġ.	
	ltcoakmcculloch@gmail.com			<u>ည</u> ထ	
	E-mail address: (to be us	sed for future annual report notification)	<u></u>		
For further	information concerning this matter, ple	ease call:			
	Oakland McCulloch	386 453-9185			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed	is a check for the following amount:				
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing icate of St ied Copy hal copy is	atus &	
	Mailing Address	Street Address			
	New Filing Section	New Filing Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	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:	
Your Leadership Legacy, LLC	
(Must contain 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:	Mailing Address:
3799 S. Atlantic Ave., Unit 1106	3799 S. Atlantic Ave., Unit 1106
Daytona Beach, FL 32118	Daytona Bench, FL 32118
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg	
another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	nt are:
Oakland McCulloch	
Na Na	ine,

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..

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

State

32118

3799 S. Atlantic Ave., Unit 1106

Daytona Beach

City

(CONTINUED)

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Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Oakland McCulloch		
	3799 S. Atlantic Ave., Unit 1106		
	Daytona Beach, FL 32118		
	[7]		
			
(Use attachment if necessary)			
TCLE V: Effective date, if other than the date of filing:	(OPTIONAL)		
n effective date is listed, the date must be specific and late of filing.)	I cannot be more than five business days prior to or 90 days		
	applicable statutory filing requirements, this date will not be lis		
locument's effective date on the Department of State's	s records.		
·			
TCLE VI: Other provisions, if any.			
· · · · · · · · · · · · · · · · · · ·			

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. 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.

as

Oakland McCulloch

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)