L21000180775

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COVER LETTER

TO: New Filin Division o	g Section I Corporations		
SUBJECT: Lead	erTech Consulting		
		mited Liability Company	
The enclosed Articl	les of Organization and fee(s) a	re submitted for filing.	!
Please return all con	rrespondence concerning this m	natter to the following:	
<u>Darryl</u>	Staskowski		
		Name of Person	
			1
		Firm/Company	
84211	Langshire Way		
04211	zangsinie way	Address	<u> </u>
Fort M	1yers/FL/33912	City/State and Zip Code	-
_dstask	owski@outlook.com	ony/oute and hap code	
	E-mail address: (to be used	for future annual report notificati	on)
For further information	on concerning this matter, pleas	se call:	
Downil	Stanlen und 1	597 . 2012007	
		586) 2013907 Area Code Daytime Telephone	Number
		,,	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fe	ee □\$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)
No Di P.	lailing Address ew Filing Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Cente	r Circle
		Tallahassee, FL 32301	I



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2021

DARRYL STASKOWSKI 8421 LANGSHIRE WAY FORT MYERS, FL 33912

SUBJECT: LEADERTECH CONSULTING

Ref. Number: W21000051754

2021 AFR 26 AH 10: 35

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

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. 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) 245-6052.

Tim Burch Senior Section Administrator

Letter Number: 721A00007904

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Minch con	sulting LLC	Liability Compa	iny, "L.L.C" or "LLC.")		
(Misi con	adu die words Emined	гласинсу Сонфа	my, L.L.C or LLC.)	ALL SE	12
ARTICLE II - Address:					3>- ~⊤;
The mailing address and street a	address of the principal o	office of the Lim	ited Liability Company is:	် က <u>်</u>	AFR 20
<u>Princip</u>	pal Office Address:		Mailing Ac	idress:	- c. ⊒n
8421 Langshire '			421 Langshire Way	<u> </u>	(
Fort Myers			ort Myers	FL <u>SS</u>	 - ਨਾ
.33912		3	3912		_ či
	Darryl Staskows	Name			
	8421 Langshire \				
	T1 - 1 4 4 - 4 4	SS (P.U. BOX <u>NU</u>	11 acceptable)		
	Florida street addre	` _			
	Florida street address Fort Myers	FL.	33912		
		-	33912 Zip		

OD :

(CONTINUED)

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	Darryl J Staskowski
AWIDA	· ·
	8421 Langshire Way, Fort Myers, FL 33912
	
	
	
(Use attachment if necessary)	•
f the date inserted in this block do unent's effective date on the Dep	pes not meet the applicable statutory filing requirements, this date will not be l artment of State's records.
E VI: Other provisions, if any.	
ar vi. Other provisions, it any.	
L VI. Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	of a member or an authorized representative of a mombor
REOUIRED SIGNAFURE: Signature	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes
REOUIRED SIGNATURE: Signature This document if I am aware that a	of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Is any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
REOURED SIGNATURE: Signature This document if am aware that a constitutes a thir	is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
REOURED SIGNATURE: Signature This document if am aware that a constitutes a thir	is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State
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REOUIRED SIGNAFURE: Signature This document if am aware that a constitutes a thir	s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S. Staskowski Typed or printed name of signee Filing Fees:
Signature This document if am aware that a constitutes a thir	s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S. Staskowski Typed or printed name of signee Filing Fees: es of Organization and Designation of Registered Agent

ATTACHMENT TO ARTICLES OF ORGANIZATION:

Purpose:

1. The goal of the company is Information Technology and Leadership Consulting

TALLAHASSEE FLORIDA