

11/28/22, 11:21 AM

Division of Corporations

**L22000496168**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LEADER ASSOCIATES LLC  
Account Number : I20180000056  
Phone : (954)998-3963  
Fax Number : (954)697-0359

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** adam@groundedstudios.ca

**FLORIDA LIMITED LIABILITY CO.**  
**Grounded Studios LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 NOV 28 PM 8:15

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Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**GROUND ED STUDIOS LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**3208-C E COLONIAL DR #241**

**ORLANDO, FL 32803**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

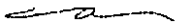
The name and Florida street address (PO BOX not acceptable) of the Registered Agent

**PAT COOLIGAN**

**3208-C E COLONIAL DR #241**

**ORLANDO, FL 32803**

*Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent (Signature)

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**ARTICLE IV – MANAGERS**

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

Name: **ADAM R GIGNAC**

Title: **MGMB**

Address: **945 STOCKDALE RD**

**NORTH BAY, ON P1B9S5 - CANADA**

Name: **KRYSTAL S HENOPHY**

Title: **MGMB**

Address: **945 STOCKDALE RD**

**NORTH BAY, ON P1B9S5 - CANADA**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be the **filling date**.

**REQUIRED SIGNATURE:**

ADAM R GIGNAC - Member or AMBR

11/28/2022

Date

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