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(Business Entity Name)

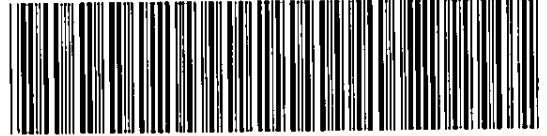
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STATE
TALLAHASSEE, FLORIDA

**CORPORATE
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LLC

1. THOUGHT LEADERSHIP CONSULTING, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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TALLAHASSEE, FL
CLERK OF COURT

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

ARTICLE I - Name:

The name of the Limited Liability Company is:
THOUGHT LEADERSHIP CONSULTING, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**12671 YARDLEY DRIVE
BOCA RATON, FL 33428**

Mailing Address:

**12671 YARDLEY DRIVE
BOCA RATON, FL 33428**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**NATASHA H. FUNK
12671 YARDLEY DRIVE
BOCA RATON, FL 33428**

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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.

/s/ Natasha H. Funk

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

**NATASHA H. FUNK
12671 YARDLEY DRIVE
BOCA RATON, FL 33428**

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is June 12, 2024.

REQUIRED SIGNATURE:

/S/ Natasha H. Funk

(Digital Signature)

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.

/S/ NATASHA H. FUNK

Typed or printed name of signee

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