S. CHATHAM
JAN 14 2025

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(((H25000016260 3)))



H250000162603ABCW

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Account Name : RONALD 3 MARLOWE PA

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Phone

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ron@marlowe.law Email Address:\_

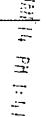
> FLORIDA LIMITED LIABILITY CO. LEADERSHIP LAUNCHPAD, LLC

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Page Count	02
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Help'



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AND CE POOR	ODG AND TON FOR IT			
ARTICLESOF	ORGANIZATION FOR FL	ORIDA LIMITED LI	ABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	v Company is:			
	y company is.			
LEADERSHIP LAU	NCHPAD, LLC			
(Must conta	in the words "Limited Lia	ibility Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal offi	ce of the Limited Li	ability Company is:	
Princips	l Office Address:		Mailing Addre	<del>!55</del> :
6421 N FLORIDA A	VE	1 COB	BLESTONE CT	
D-406		NESC	ONSET, NY 11767	
TAMPA, FL 33604				<del></del>
The name and the Florida street a	REGISTERED AGENT	ΓS INC.		
	1	Name		
	7901 4TH ST N, STE 3			
	Florida street address (	P.O. Box <u>NOT</u> acco	eptable)	
	ST. PETERSBURG	FLORIDA	33702	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the praam familiar with and accept the ob-	I hereby accept the appoint ovisions of all statutes relating attitudes of my position as	nment as registered ting to the proper an	agent and agree to act in id complete performance	n this capacity. I e of my duties, and l
		d Agent's Signature	(REQUIRED)	
		CONTINUES.		202 500 500

(CONTINUED)

(((H25000016260 3)))

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	SCOTT NICHOLSON
WOK	1 COBBLESTONE CT
	NESCONSET, NY 11767
MGR	JANICE NICHOLSON
THORE .	I COBBLESTONE CT
	NESCONSET, NY 11767
CV: Effective date, if other than ctive date is listed, the date mu filling.) he date inserted in this block do	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 d  ses not meet the applicable statutory filing requirements, this date will not be artment of State's records.
ctive date is listed, the date must filling.) the date inserted in this block doesn't seffective date on the Dep. EVI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than ctive date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depter CVI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not bartment of State's records.
E.V: Effective date, if other than crive date is listed, the date must filing.) the date inserted in this block doesn's effective date on the Dep. E.VI: Other provisions, if any ted Liability Company shall be recoursed Signature.  Signature This document is am aware that	set be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not be artment of State's records.  Manager Managed unless otherwise provided by the Operating Agreement  Scott Nicholson  of a member or an authorized representative of a member.  s 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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