M15000010021

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	Idress)			
(Cir	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



500277888225

10/09/15--01005--003 **125.00

TI DEC 15 PM 4: 36
SECRETARY OF STATE





October 12, 2015

ROBERT DEASY 14990 SW 144TH AVE PORTLAND, OR 97224

SUBJECT: LEAD IT CONSULTING LLC

Ref. Number: W15000067387

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00021521

COVER LETTER

TO:

FO:	Registration Section Division of Corporation	ıs					
241 15 1 12 4	Lead IT Consulting	LLC				7	
SUBJE	ur:	Name of l	Limited Liability (Company		30	
		eign Limited Liability Comp d to register the above refere					
Please re	eturn all correspondence of	concerning this matter to the	following:				
	Robert Deasy						
Name of Person							
	Lead IT Consu	ting LLC					
	-	Fi	rm/Company			\$1.41 \$1.41	
	14990 SW 144	th Ave					
	Address						
	Portland, OR 9	7224					
		City/S	tate and Zip Code				
	finance@leaditc	onsulting.net					
		E-mail address: (to be used	for future annua	report not	ification)		
For furt	her information concernin	g this matter, please call:					
	Robert Deasy		503 at (803-55)	07		
	Name o	of Contact Person	Area Code	Day	time Telephone Numb	er",	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building centive Center Circle see, FL 32301		
Enclose	d is a check for the follow ■ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		□ \$160.00 Filing Fe of Status & Certified		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

APPLICATION BY FO	PREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO T IN FLORIDA	RANSA	CT BUSINESS
	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO ISINESS IN THE STATE OF FLORIDA:	OREIGN	LIMITED LIABILITY
, Lead IT Consulting LL	С		
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC."	- managara
	·		: !
Liability Company," "L.L.C."	·	: must inc	flude "Limited
2. Oregon USA	3. 46-3502822	101	1
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	***	
4.			
······································	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	The second	
5. August 26, 2015			
14990 SW 144th Ave,	Portland OR 97224	NEG.	ن
	(Street Address of Principal Office)		ES T
6. 14990 SW 144th Ave, 1	Portland OR 97224	12.4	7.7
			FILED EC 15 PH
	(Mailing Address)	101	+:
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	哥斯	် မှ မော
Name:	Ed Zilavy		
	419 Frank Shaw Road	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Office Address:	22212		
	$\frac{\text{Tallahassee}}{\text{(City)}}, \text{Florida} \frac{32312}{\text{(Zip code)}}$		••
Registered agent's accep			
designated in this applica	gistered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of my duties, my position as registered agent. (Registered agent's signature)	capacit	ly. I further agree
0.001	, , ,		
Robert Deasy, CEO	acity and address of the person(s) who has/have authority to manage is/are:		14. 10. 10.
Robert Deasy, CEO			The state of the s
	÷		
	Coltine		
(Signature of an authorized ne son	C 1	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any of the Department of State constitutes a third degree felony as provided for in s.817.	talse inf	ormation

Typed or printed name of signee

Robert Deasy

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 834N748G5

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

LEAD IT CONSULTING, LLC

is

Organized

under the laws of The State of Oregon

FILED

SECKET/EN OF STATE
TYLLY WASSEE, ILONIO.

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Jeanne & atkins

JEANNE P. ATKINS, SECRETARY OF STATE

10/22/2015