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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

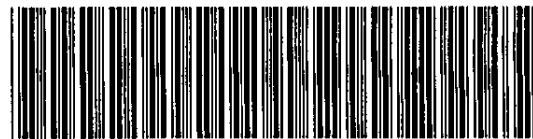
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

OCT 19 2016

809

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Affirmational Leadership Consulting, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

William Thomas Dugard, Jr.

Name of Person

Affirmational Leadership Consulting LLC

Firm/Company

1744 Santa Anna Dr.

Address

Dunedin, FL 34698

City/State and Zip Code

Tom@Affirmatinal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Thomas (Tom) Dugard Jr.

816
at ()

916-7186

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2016

WILLIAM THOMAS DUGARD, JR
1744 SANTA ANNA DR
DUNEDIN, FL 34698

SUBJECT: AFFIRMATIONAL LEADERSHIP CONSULTING LLC
Ref. Number: W16000068569

RECEIVED
2017 OCT 17 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AFFIRMATIONAL LEADERSHIP CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 016A00021522

*Please see corrected application attached.
Thank you
[Signature]*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Affirmational Leadership Consulting, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kansas 3. 26-0368961
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Noe to date
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1744 Santa Anna Dr.
Dunedin, FL 34698
(Street Address of Principal Office)

6. 1744 Santa Anna, Dr.
Dunedin, FL 4698
(Mailing Address)

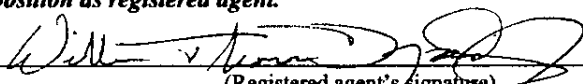
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: William Thomas Dugard, Jr
Office Address: 1744 Santa Anna Dr
Dunedin, Florida 34698
(City) (Zip code)

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16 OCT 17 AM 9:30
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

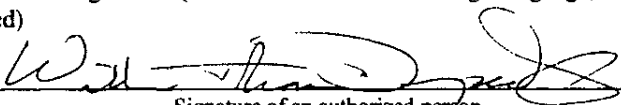
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

William Thomas Dugard, Jr. President & CEO
1744 Santa Anna Dr.
Dunedin, FL 34698

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

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.

William Thomas Dugard, Jr.
Typed or printed name of signee

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6181242

Entity Name: AFFIRMATIONAL LEADERSHIP CONSULTING LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW WANAMAKER DRIVE SUITE 204, TOPEKA, KS 66614

was filed in this office on June 07, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 03, 2016

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 857292 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

FILED
16 OCT 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA