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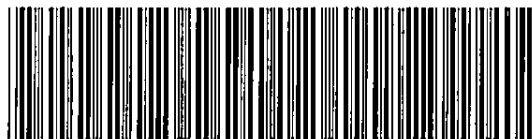
(Business Entity Name)

(Document Number)

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2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2024

TAYLOR HOOD
959 WHITFIELD RD
FREEPORT, FL 32439 US

SUBJECT: LEADERSHIP EXPERIENCE INITIATIVE LLC.
Ref. Number: W24000088858

We have received your document for and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name of the entity cannot include "LLC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 924A00012755

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Leadership Experience Initiative Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Taylor Hood

Name (Printed or typed)

959 Whitfield Rd.

Address

Freeport, FL 32439

City, State & Zip

850-865-7000

Daytime Telephone number

taylor@prestonhood.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Leadership Experience Initiative Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
212 SW Hollywood Blvd.

Mailing address, if different is:

Ft. Walton Bch., FL 32548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Leadership Experience Initiative Inc. provides funding for students and educators seeking leadership-based and experiential programming. The organization facilitates the relationship between philanthropy and opportunity, centering around it's mission: nurturing leadership through experience.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Taylor Hood- President, Director

Address: 959 Whitfield Rd.
Freeport, FL 32439

Name and Title: Marcus Broadnax- VP

Address: 36 Jonquil Ave.
Fort Walton Beach, FL 32439

Name and Title: Bobby Carey- Chairman of the Board

Address: 281 Miracle Strip Pkwy.
Mary Esther, FL 32569

Name and Title: Brian Laughlin- Treasurer

Address: 876 Emerald Bay Dr.
Destin, FL 32541

Name and Title: Laura Lee Anderson- Secretary

Address: 200 Miracle Strip Pkwy.
Unit 803
Fort Walton Beach, FL 32548

Name and Title: Brooke Barron- Director

Address: 200 Miracle Strip Pkwy.
Unit 304
Fort Walton Beach, FL 32548

Name and Title: Patrice Bobo-Miles- Director Name and Title: _____

Address 238 Watson Dr. NW Address _____

Fort Walton Beach, FL 32548 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Taylor Hood

Address: 959 Whitfield Rd.

Freeport, FL 32439

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Taylor Hood

Address: 959 Whitfield Rd.

Freeport, FL 32439

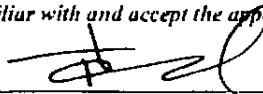
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

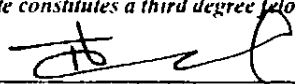


Required Signature of Registered Agent

6/20/24

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature of Incorporator

6/20/24

Date

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22