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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Leadership Options Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

~~☒~~ ^{no} \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dr. Lynda M. Boyer

Name (Printed or typed)

2503 89th Street Northwest

Address

Bradenton FL 34209

City, State & Zip

941 365 2304

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Leadership Options Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2503 89th Street Northwest
Bradenton FL 34209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide consultation services for business, industry, and educational leaders.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dr. Lynda M. Boyer - Director
2503 89th Street Northwest
Bradenton, FL 34209

Edwin M. Boyer - Director
2503 89th Street Northwest
Bradenton FL 34209

ARTICLE VI REGISTERED AGENT

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

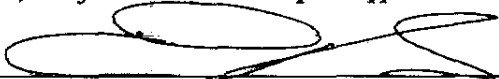
Edwin M. Boyer, Esq.
46 North Washington Blvd. Suite 21
Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Lynda M. Boyer
2503 89th Street Northwest
Bradenton FL 34209

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



Signature/Registered Agent




Signature/Incorporator

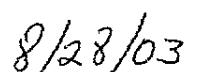
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date