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Office Use Only

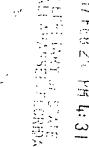
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2017

SYLVIA KOUTSODONTIS 1821 LEE STREET HOLLYWOOD, FL 33020-2406

SUBJECT: LEADERTRIP COACHING, INC.

Ref. Number: W17000009307

We have received your document for LEADERTRIP COACHING, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The Certificate of Conversion must be signed by an authorized person.

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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 517A00002058

COVER LETTER

TO:	Charter Section Division of Cor		2 7			
SURI	ECT: LeaderTrip	Coaching, Inc.				
Б СБ 3	DOT	Name of	Resulting Florida Pro	ofit C	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			es are submitted to convert an "Other Business 5, F.S.	
Please	return all corresp	ondence concerning this	s matter to:			
Sylvia	Koutsodontis	•				
		Contact Person				
Eskay	Accounting & Tax	Service, Inc.				
		Firm/Company	·····			
1821 L	ee Street					
		Address	· · · · · · · · · · · · · · · · · · ·			
Holyw	ood, FL 33020-240	06				
		City, State and Zip Code	3			
sgade@	Dleadership-coachi	ng.com				
I	E-mail address: (t	o be used for future annu	ual report notification	n)		
For fu	rther information	concerning this matter,	please call:			
Sylvia	Koutsodontis		at (<u>954-924-1571</u>)			
Name of Contact Person			Area Code	Area Code and Daytime Telephone Number		
Enclos	sed is a check for	the following amount:				
□ \$10	5.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fo and Certified Copy		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Ne Dir P.	w Fi visio O. B	ING ADDRESS: clings Section on of Corporations ox 6327 assee, FL 32314	

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

Leader Trip Coaching, LLC Fixtor Name of Other Passings Entity	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	
first organized, formed or incorporated under the laws of Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	
· 2/26/2015 on	
Enter date "Other Business Entity" was first organized, formed or incorporated	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	
Florida	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : LeaderTrip Coaching, Inc.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date:	
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Flori Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation if an effective date is listed therein.) 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.	

Page 1 of 2

Signed thisday of	, 20				
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman Director, Officer, or, if Directors or Officers have not been selected, Incorporator: Printed Name: Sven Gabe Gode Title: President					
Required Signature(s) on behalf of Other Business Signature:	s Entity: [See below for required signature(s).]				
Printed Name: Sven Gade	CEA				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
If Florida General Partnership or Limited Liabilit	y Partnership:				
Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
If Florida Limited Liability Company: Signature of a Member or Authorized Representative					
All others: Signature of an authorized person.					
Fees:	625.00				
Certificate of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00				
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)				

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

ARTICLE I NAME LeaderTrip Coaching, Inc. The name of the corporation shall be:					
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:					
Principal street address	Mailing address, if different is:				
Fort Lauderdale, FL US 33316		_			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS		_			
		<u> </u>			
		_			
ARTICLE IV SHARES The number of shares of stock is:) (X) (X) (X			
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS				
Name and Title: SVEN GADE PRESIDENT	Name and Title:				
Address: 747 SE 12 COURT	Address:				
FORT LAUDERDALE, FL 33316					
Name and Title:					
Address:					
Name and Title:					
Address:	Address:				

	e and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:
Name:	Svei r Gabe Gode	
Address:	747 SE 12 Court	
	Fort Lauderdale, FL 33316	
ARTICL		
The <u>name</u>	e and address of the Incorporator is:	
Name:	Sylvia Koutsodontis	
Address:	1821 Lee Street	
	Hollywood, FL 33020-2406	
this certifi	Required Signature/Registered Agent	**************************************
I submit t document	this document and affirm that the facts stated he to the Department of State constitutes a third a	erein are true. I am aware that any false information submitted in a egree felony as provided for in s.817.155, F.S.
	Sylver Kautroloute Required Signature/Incorporator	1/19/2017
, •	Vequired Signature/Incorporator	Date

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