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To:	Division of Corporations Fax Number : (850)617-6381	***RESUBMIT*** PLEASE GIVE
From:	Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088	ORIGINAL SUBMIT DATE OF 12/18/2020
ani	the email address for this busine nual report mailings. Enter only o ail Address: efroemke@rem-co.com	ss entity to be used for future

DOMESTICATION

LEADERSHIP SKILLS DEVELOPEMNT GROUP, INC.Certificate of Status1Certified Copy0Page Count06Estimated Charge\$128.75



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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LEADERSHIP SKILLS DEVELOPEMNT GROUP, INC. was filed on 12/27/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 12/15/2020.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of December two thousand and twenty.

Braden Co Hydron

Brendan C. Hughes Executive Deputy Secretary of State

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CERTIFICATE OF DOMESTICATION

The unders	igned, MICHELE SPANO	PRESIDENT			
	(Name)	(Title)			
of LEADERSHIP SKILLS DEVELOPEMNT GROUP, INC. a foreign corporation,					
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereby certify:					
1. The dat	e on which corporation was first formed was DE	ECEMBER 27 , 2016 .			
•	isdiction where the above named corporation was nto being was NEW YORK	s first formed, incorporated, or otherwise			
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was <u>LEADERSHIP SKILLS DEVELOPEMNT GROUP, INC.</u> .					
s. 607.(me of the corporation, as set forth in its articles of 202 and 607.0401 with this certificate is <u>LEAD</u> ELOPEMNT GROUP, INC.				
admini immed	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW YORK				
	ed are Florida articles of incorporation to complet 7.1801.	te the domestication requirements pursua			

I am PRESIDENT , of LEADERSHIP SKILLS DEVELOPEMNT GROUP, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 16TH day of DECEMBER , 2020 .

the.

(Authorized Signature)

MICHELE SPANO - PRESIDENT

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

LEADERSHIP SKILLS DEVELOPEMNT GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address

2614 TAMIAMI TRAIL N

SUITE 630

NAPLES, FL 34103

Mailing Address

2614 TAMIAMI TRAIL N

SUITE 630

NAPLES, FL 34103

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY LEGAL OR LAWFUL PURPOSE

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ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 1500

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name MICHELE SPANO - PRESIDENT/DIRECTOR	Title/Name	
3401 GULF SHORE BLVD N, PH D		
NAPLES, FL 34103		
Title/Name	Title/Name	
	<u> </u>	
Title/Name	Title/Name	
Title/Name	Title/Name	

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MICHELE SPANO

2614 TAMIAMI TRAIL N, SUITE 630

NAPLES, FL 34103

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MICHELE SPANO

3401 GULF SHORE BLVD N, PH D

NAPLES, FL 34103

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILLAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

ペン Signature/Registered Agent

Signature/IncorpoKate

DECEMBER 16, 2020

Date

