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(Requestor's Name)

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(City/State/Zip/Phone #)

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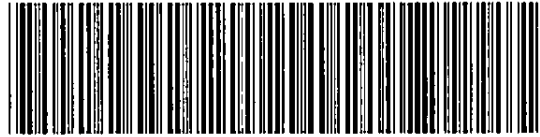
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

Linked Consulting Group, Inc.

**SUBJECT:** \_\_\_\_\_  
(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

☒ \$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: \_\_\_\_\_ North Florida CDC  
Name (Printed or typed)  
1211 W Tharpe Street  
Address  
Tallahassee, FL 32303  
City, State & Zip  
850-222-6953  
Daytime Telephone number  
info@northflcdc.org  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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# 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: Linked Consulting Group LLC

## ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>1211 W Tharpe St. Ste 3</u>	<u>Same</u>
<u>Tallahassee, FL 32303</u>	

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ARTICLE IV SHARES

The number of shares of stock is: 4

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Prudent Management, LLC- CFO</u>	Name and Title:	<u>The Social World Inc.- PPRO</u>
Address	<u>1211 W Tharpe St. Ste 3</u> <u>Tallahassee, FL 32303</u>	Address:	<u>2241 N Monroe St Ste 1087</u> <u>Tallahassee, FL 32303</u>
Name and Title:	<u>OHNN, LLC, CMO</u>	Name and Title:	<u>Strategywise, COO</u>
Address	<u>7135 W Livingston St</u> <u>Orlando, FL 32835</u>	Address:	<u>1510 Escadrille Drive</u> <u>Tallahassee, FL 32308</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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SECRETARY OF STATE  
TALLAHASSEE, FL

Please include the EIN # 93-1825121

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: \_\_\_\_\_ North Florida CDC Community Development Corporation  
1211 W Tharpe St  
Address: \_\_\_\_\_ Tallahassee, FL 32303  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_ Reshaye Greenlee  
Address: \_\_\_\_\_ 1211 W Tharpe St Ste 3  
Tallahassee, FL 32303  
\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ June 12, 2023 \_\_\_\_\_ (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*

\_\_\_\_\_  
Reshaye Greenlee  
Required Signature/Registered Agent

\_\_\_\_\_  
6/12/2023  
Date

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

\_\_\_\_\_  
Reshaye Greenlee  
Required Signature/Incorporator

\_\_\_\_\_  
6/12/2023  
Date

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