

Division Corporations

6/16/21, 4:28 PM

**L21000282233**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000237886 3)))



H210002378863ABC4

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEADER ASSOCIATES LLC  
Account Number : I20180000056  
Phone : (954)998-3963  
Fax Number : (954)697-0359

2021 JUN 16 PM 4:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ELITE USA PRODUCTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 JUN 16 PM 4:58  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**ELITE USA PRODUCTS LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**824 NE 4<sup>th</sup> CT**

**DEERFIELD BEACH, FL 33442**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

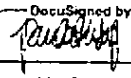
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

**PAULA R PUKYS**

**824 NE 4<sup>th</sup> CT**

**DEERFIELD BEACH, FL 33442**

*Having been named as Registered Agent and to accept service of process for the above Limited Liability Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent for in Chapter 605, F.S.*

DocuSigned by:  
  
5E1192A3811A405...  
Registered Agent (Signature)

FILED  
2021 JUN 16 PM 4:15  
SOUTHERN PARTY OF STATE  
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 1D3E3668-7389-4710-9C8F-77FAECEAD3BF

**ARTICLE IV – MANAGERS**

The name and address of each person authorized to manage and control the Limited Liability Company shall be

Name: **PAULA R PUKYS**

Title: **MGR**

Address: **824 NE 4<sup>th</sup> CT**

**DEERFIELD BEACH, FL 33442**

Name: **ISABELA M BAUTISTA**

Title: **MGR**

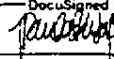
Address: **824 NE 4<sup>th</sup> CT**

**DEERFIELD BEACH, FL 33442**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be the **filling date**.

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
6EF192A3811A05...

PAULA R PUKYS - Member or AMBR

6/16/2021

Date