

Division of Corporations

L21000300608

6/29/21, 11:34 AM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## 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

**\*\*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.

## Phoenix Pro Construction LLC

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

DocuSign Envelope ID: 22ADBBAF-0DF2-46F1-B2CB-638C858E2D61

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

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**PHOENIX PRO CONSTRUCTION LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**6072 GLENDALE DRIVE**

**BOCA RATON, FL 33433**

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

**WALACE J DIAS**

**6072 GLENDALE DRIVE**

**BOCA RATON, FL 33433**

*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:



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Registered Agent (Signature)

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TALLAHASSEE, FL

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**ARTICLE IV – MANAGERS**

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

Name: **WALACE J DIAS**

Title: **MGR**

Address: **6072 GLENDALE DRIVE  
BOCA RATON, FL 33433**

Name: **WILLIAN EVANS D MELO**

Title: **MGR**

Address: **1847 SW JAMESPORT DRIVE  
PORT ST LUCIE, FL 34953**

**ARTICLE V – EFFECTIVE DATE**

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

**REQUIRED SIGNATURE:**

DocuSigned by:

Wallace J Dias

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WALACE J DIAS - Member or AMBR

6/28/2021

Date