

L21000383809

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.

((H21000320083 3))



H21000320083ABCT

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 : 120180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 26 AM 9:43

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.

Digging Pros LLC

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

2021-08-26 PM 12:40

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

DIGGING PROS LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

6574 N STATE RD 7 #174

COCONUT CREEK, FL 33073

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

NILSON SILVA

6574 N STATE RD 7 #174

COCONUT CREEK, FL 33073

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:

Nilson Silva

82318A391F7E47F...

Registered Agent (Signature)

FILED
2021 AUG 26 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: 6BBDBE14-6A4E-4D98-AF4A-8E840ACB16CD

ARTICLE IV – MANAGERS

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

Name: **NILSON SILVA**

Title: **MGR**

Address: **6574 N STATE RD 7 #174**

COCONUT CREEK, FL 33073

ARTICLE V – EFFECTIVE DATE

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

REQUIRED SIGNATURE:

DocuSigned by:
Nilson Silva
823/6A097F7E47F...
NILSON SILVA - MGR

8/26/2021

Date