

# L21000384921

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.**

**De Oliveira Carpentry LLC**

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

2021 08 27 AM 11:12

2021 08 27 AM 7:07

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

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**DE OLIVEIRA CARPENTRY LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**3634 CORAL TREE CIRCLE**

**COCONUT CREEK, FL 33073**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

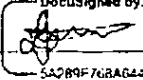
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

**LUIZ S DE OLIVEIRA**

**3634 CORAL TREE CIRCLE**

**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:  
  
5A2B9F76BAG4434  
Registered Agent (Signature)

DocuSign Envelope ID: 84FFDFCF-8707-4013-AD36-C481C326C82A

**ARTICLE IV – MANAGERS**

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

Name: **LUIZ S DE OLIVEIRA**

Title: **MGR**

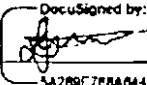
Address: **3634 CORAL TREE CIRCLE**

**COCONUT CREEK, FL 33073**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be the **filing date**.

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
5A289C7E8A64434..  
\_\_\_\_\_  
LUIZ S DE OLIVEIRA - Member or AMBR

8/26/2021

\_\_\_\_\_  
Date