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Florida Department of State
Division of Corporations
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To:

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

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Account Name : LEADER ASSOCIATES LLC
Account Number : 120180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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DIVISION OF CORPORATIONS
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

****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.
ADAMICKAA LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

ADAMICKAA LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

4733 SANTA MARIA ST

CORAL GABLES, FL 33146

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

NATALIA C DIAMOND

4733 SANTA MARIA ST

CORAL GABLES, FL 33146

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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ARTICLE IV – MANAGERS

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

Name: **NATALIA C DIAMOND**

Title: **MGR**

Address: **4733 SANTA MARIA ST**

CORAL GABLES, FL 33146

Name: **IAN ADAMI DE SA**

Title: **MGR**

Address: **4733 SANTA MARIA ST**

CORAL GABLES, FL 33146

Name: **LUCCA ADAMI DE SA**

Title: **MGR**

Address: **4733 SANTA MARIA ST**

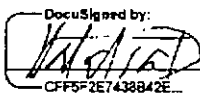
CORAL GABLES, FL 33146

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ARTICLE V – EFFECTIVE DATE

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

REQUIRED SIGNATURE:

DocuSigned by:

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NATALIA C DIAMOND - Member or AMBR

3/23/2022

Date