

10/12/22, 14:54 CDT  
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Division Corporations

Florida Department of State  
Division of Corporations  
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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

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

Email Address: cf@centralsonora.com.br

FLORIDA LIMITED LIABILITY CO.  
CENTRAL SONORA USA LLC

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

2022 OCT 12 PM 12:17

2022 OCT 12 PM 12:35  
CENTRAL SONORA USA LLC  
LEADER ASSOCIATES LLC

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Help

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

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**CENTRAL SONORA USA LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**150 SE 2<sup>nd</sup> AVE #300**

**MIAMI, FL 33131**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

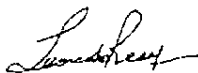
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

**BOOKSLY, LLC**

**6919 SW 18<sup>th</sup> STREET STE 222**

**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.*



Registered Agent (Signature)

2022 OCT 12 PM 12:35  
LEONARDO RESENDE, LLC  
19546970359

**ARTICLE IV – MANAGERS**

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

Name: **CESAR F. PENHA RIBEIRO**

Title: **MGMB**

Address: **AV. TIM MAIA, 7285 – BL. 1 – APT 304**

**RIO DE JANEIRO, RJ – 22790-669 - BRAZIL**

Name: **GISELLE DA CUNHA SANTOS**

Title: **MGMB**

Address: **AV. TIM MAIA, 7285 – BL. 1 – APT 304**

**RIO DE JANEIRO, RJ – 22790-669 - BRAZIL**

**ARTICLE V – EFFECTIVE DATE**

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

**REQUIRED SIGNATURE:**

*Cesar Figueiredo Penha Ribeiro*

CESAR F. PENHA RIBEIRO - Member or AMBR

10/10/2022

Date

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SUNBIZ, LLC  
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