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Division of Corporations  
Florida Department of State  
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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:** gregory\_vga11@hotmail.com

**FLORIDA LIMITED LIABILITY CO.  
INVICTA CELL10 LLC**

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

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

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be  
**INVICTA CELL10 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.*

Leonardo Resende

Registered Agent (Signature)

**ARTICLE IV – MANAGERS**

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

Name: **GREGORY D. DE OLIVEIRA SILVA**

Title: **MGMB**

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

**MIAMI, FL 33131**

**ARTICLE V – EFFECTIVE DATE**

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

**REQUIRED SIGNATURE:**

*Gregory D. de Oliveira Silva*

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GREGORY D. DE OLIVEIRA SILVA  
Member or AMBR

01/30/2023

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Date