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Division of Corporations

Florida Department of State
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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

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

Email Address: marcibeiro4@hotmail.com

FLORIDA LIMITED LIABILITY CO.**BELLA FORMA IMPORT LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY**

ARTICLE I – NAME

The name of the Limited Liability Company shall be

BELLA FORMA IMPORT LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

150 SE 2nd 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 18th 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: **MARCELLUS RIBEIRO DE ALMEIDA**

Title: **MGM**

Address: **AV. JORGE TEIXEIRA, 940**

VITORIA DA CONQUISTA, BA 45028-536 - BRAZIL.

ARTICLE V – EFFECTIVE DATE

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

REQUIRED SIGNATURE:



Marcellus Ribeiro De Almeida - Member or AMBR

03/02/2023

Date