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Division of Corporations

# L23000109655

Florida Department of State  
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From:

Account Name : LEADER ASSOCIATES LLC  
Account Number : I20180000056  
Phone : (954)998-3963  
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**Email Address:** danilo.pinho@pvtsoftware.com.br

## FLORIDA LIMITED LIABILITY CO. PINHO INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
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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

**PINHO INVESTMENTS LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**150 SE 2<sup>nd</sup> AVE STE 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: **DANILO SILVA PINHO**

Title: **MGMB**

Address: **AV. ESTUDANTE JOSE JULIO DE SOUZA, 710 APT 1201  
VILA VELHA, ES – 29101-830 - BRAZIL.**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be the filing date.

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
DANILO SILVA PINHO - Member or AMBR

03/08/2023

\_\_\_\_\_  
Date

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