

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 : 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: gabrielmazzutti@gmail.com

FLORIDA LIMITED LIABILITY CO.
EDGEPOINT 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
EDGEPOINT LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be
1800 N BAYSHORE DR #4204
MIAMI, FL 33132

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
GABRIEL COLMAN DE SA MAZZUTTI
1800 N BAYSHORE DR #4204
MIAMI, FL 33132

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)

ARTICLE IV – MANAGERS

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

Name: **GABRIEL COLMAN DE SA MAZZUTTI**

Title: **MGBM**

Address: **1800 N BAYSHORE DR #4204**

MIAMI, FL 33132

ARTICLE V – EFFECTIVE DATE

Effective date shall be the filing date.

REQUIRED SIGNATURE:



Gabriel Colman de Sa Mazzutti - Member or AMBR

03/31/2023

Date