

4-18-23, 10:15 AM

**L23000193183**

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:** fredericoreynaud@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
SOULTALK RETREAT LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
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CORPORATIONS  
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**ARTICLES OF ORGANIZATION FOR**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**SOULTALK RETREAT LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**9327 TRINANA CI**

**WINTER GARDEN, FL 34787**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

The name and Florida street address (P.O. 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)

2023 APR 18 PM 7:02

**ARTICLE IV – MANAGERS**

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

Name: **FREDERICO DE MATTOS REYNAUD**

Title: **MGMB**

Address: **R. GUAIAO, 68 APT 2601**

**SANTOS, SP – 11035-260 - BRAZIL**

Name: **MARIA LUIZA DIEGUEZ REYNAUD**

Title: **MGMB**

Address: **R. GUAIAO, 68 APT 2601**

**SANTOS, SP – 11035-260 - BRAZIL**

**ARTICLE V – EFFECTIVE DATE**

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

**REQUIRED SIGNATURE:**



Frederico de Mattos Reynaud - Member or AMBR

04/17/2023

Date