

5/1/23, 1:52 PM

K23000214874

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000162296 3)))



H230001622963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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: santosfarley@hotmail.com

RECEIVED
2023 MAY -1 PM 3:28
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.
VILA RICA LLC

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

2023 MAY -1 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

VILA RICA LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

1410 NW 14th AVE

POMPANO BEACH, FL 33069

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

MARCELA SANTOS

740 SW 18th ST

BOCA RATON, FL 33486

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)

2023 MAY -1 PM12:48
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV – MANAGERS

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

Name: **FARLEY DOS SANTOS**

Title: **MGMB**

Address: **740 SW 18th ST**

BOCA RATON, FL 33486

Name: **MARCELA SANTOS**

Title: **MGMB**

Address: **740 SW 18th ST**

BOCA RATON, FL 33486

Name: **CLERIO SILVA**

Title: **MGMB**

Address: **5486 NW 56th DR**

COCONUT CREEK, FL 33073

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filing date**.

REQUIRED SIGNATURE:



MARCELA SANTOS - Member or AMBR

05/01/2023

Date

FILED
2023 MAY -1 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FL