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Division of Corporations

L23000372120

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 : 120180000056  
Phone : (954)998-3963  
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**Email Address:** baleraqui@yahoo.com

## FLORIDA LIMITED LIABILITY CO.

## Hydroline Pools LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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LEADER ASSOCIATES LLC

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**ARTICLES OF ORGANIZATION FOR**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**HYDROLINE POOLS LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**10034 SPANISH ISLES BLVD STE C2-3**

**BOCA RATON, FL 33498**

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

**BRUNO GHISLANDI**

**10034 SPANISH ISLES BLVD STE C2-3**

**BOCA RATON, FL 33498**

*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.*

*Bruno Ghislandi*

\_\_\_\_\_  
Registered Agent (Signature)

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**ARTICLE IV – MANAGERS**

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

Name: **BRUNO GHISLANDI**

Title: **MGR**

Address: **10034 SPANISH ISLES BLVD STE C2-3**

**BOCA RATON, FL 33498**

**ARTICLE V – EFFECTIVE DATE**

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

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**REQUIRED SIGNATURE:**

*Bruno Ghislandi*

BRUNO GHISLANDI - Member or AMBR

08/08/2023

Date