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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: bateragni@yahoo.com

FLORIDA LIMITED LIABILITY CO.

Pool Texx of South Florida LLC

Certificate of Status	0
Certified Copy	0
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MA

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

POOL TEXX OF SOUTH FLORIDA 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**

REQUIRED SIGNATURE:

Bruno Ghislandi

BRUNO GHISLANDI - Member or AMBR

08/08/2023

Date

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