

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX COUNSEL, PLLC
Account Number : I20210000011
Phone : (305)907-5540
Fax Number : (305)907-5437

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: andrea@taxcnsf.com

**FLORIDA LIMITED LIABILITY CO.
LEDCO, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T.J.H.

12/27/23

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**ARTICLES OF ORGANIZATION
OF
LEDCO, LLC**

ARTICLE I - NAME

The name of the limited liability company is Ledco, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
9293 Vista del Lago Unit 15A
Boca Raton, FL 33428

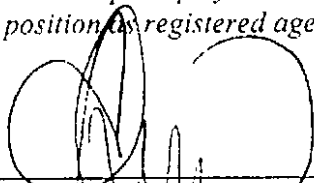
Mailing Address:
9293 Vista del Lago Unit 15A
Boca Raton, FL 33428

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Carlos Roberto Ledesma Durand
9293 Vista del Lago Unit 15A
Boca Raton, FL 33428

Having been named as registered agent and to accept service of process for the above stated 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 as provided for in Chapter 605, F.S.



Carlos Roberto Ledesma Durand

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

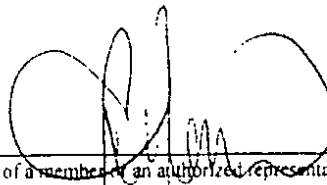
"AMBR" = Authorized Member

MGR

Name and Address:

Carlos Roberto Ledesma Durand
9293 Vista del Lago Unit 15A
Boca Raton, FL 33428

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carlos Roberto Ledesma Durand

Typed or printed name of signer

12/22/2022 11:46:11

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