From Leonardo Resende

Division of Corporations Electronic Filing Cover Sheet

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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: office@novacountertopsusa.com

FLORIDA LIMITED LIABILITY CO. NOVA HOLDINGS USA LLC

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



ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company shall be

NOVA HOLDINGS USA LLC

ARTICLE II - ADDRESS

The Principal street address of the Limited Liability Company shall be

12350 CRYSTAL COMMERCE LOOP #1

FORT MYERS, FL 33966

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

<u>ARTICLE III - REGISTERED AGENT</u>

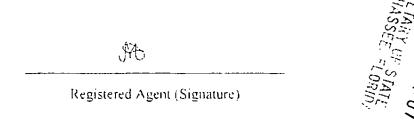
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

MONIQUE PEDROSA

12350 CRYSTAL COMMERCE LOOP #1

FORT MYERS, FL 33966

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.



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<u>ARTICLE IV - MANAGERS</u>

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

Name: MONIQUE PEDROSA

Title: MGMB

Address: 12350 CRYSTAL COMMERCE LOOP #1

FORT MYERS, FL 33966

ARTICLE V - EFFECTIVE DATE

Effective date shall be the filling date.

REQUIRED SIGNATURE:

