

5/9/24 11:03 AM

# L24000209929

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:** info@mastertouchpools.com

**FLORIDA LIMITED LIABILITY CO.  
SAWGRASS EAST 1 LLC**

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be  
**SAWGRASS EAST I LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be  
**11866 WILES ROAD**  
**CORAL SPRINGS, FL 33076**

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  
**NILSON SILVA**  
**11866 WILES ROAD**  
**CORAL SPRINGS, FL 33076**

*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)

2024 May -9 11:06:25

**ARTICLE IV – MANAGERS**

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

Name: **NILSON SILVA**

Title: **MANAGER**

Address: **11866 WILES ROAD**

**CORAL SPRINGS, FL 33076**

**ARTICLE V – EFFECTIVE DATE**

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

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
NILSON SILVA - Member or AMBR

\_\_\_\_\_  
05/09/2024

Date

2024 May -9 PM 6:25  
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