

6/5/24, 3:29 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000249737

Note: Please print this page and use it as a cover sheet. Enter the audit number (shown below) on the top and bottom of all pages of the document.

(((H24000198086 3)))



H240001980863ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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: spukys1@hotmail.com

**FLORIDA LIMITED LIABILITY CO.
SCOTT PUKYS TENNIS LLC**

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

RECEIVED

2024 JUN -5 PM 4:56

CORPORATIONS
DIVISION
OFFICEFILED
SECRETARY OF STATE
DIVISION OF STATE
2024 JUN -5 PM 3:50[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

SCOTT PUKYS TENNIS LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

824 NE 4th CT

DEERFIELD BEACH, FL 33441

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

ARTICLE III – REGISTERED AGENT

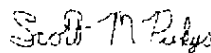
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

SCOTT M PUKYS

824 NE 4th CT

DEERFIELD BEACH, FL 33441

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUN -5 PM 3:50

ARTICLE IV – MANAGERS

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

Name: **SCOTT M PUKYS**

Title: **MGMB**

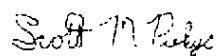
Address: **824 NE 4th CT**

DEERFIELD BEACH, FL 33441

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filling date**

REQUIRED SIGNATURE:



SCOTT M PUKYS - Member or AMBR

06/05/2024

Date