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: anita@studiolesoir.com

FLORIDA LIMITED LIABILITY CO.

Studio Lesoir LLC

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

Electronic Filing Menu — Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME

The name of the Limited Liability Company shall be

STUDIO LESOIR LLC

ARTICLE II - ADDRESS

The Principal street address of the Limited Liability Company shall be

650 NE 2nd AVE APT 3409

MIAMI, FL 33132

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

ARTICLE III - REGISTERED AGENT

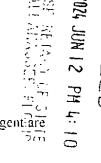
The name and Florida street address (PO BOX not acceptable) of the Registered Agentiare

ANITA RAMLOCHAN

650 NE 2nd AVE APT 3409

MIAMI, FL 33132

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.



A Rabortin

To Sunbiz LLC: 🛰

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2024-06-12 19:00:59 GMT

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From: Leonardo Resende

ARTICLE IV - MANAGERS

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

Name: ANITA RAMLOCHAN

Title: MGMB

Address: 650 NE 2nd AVE APT 3409

MIAMI, FL 33132

ARTICLE V - EFFECTIVE DATE

Effective date shall be the filling date.

REQUIRED SIGNATURE:

A Kalodin

06/12/2024