

6-12-24, 2:58 PM

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

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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**

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – 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 Agent are

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. Ramlochan

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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 filing date.

REQUIRED SIGNATURE:



ANITA RAMLOCHAN - Member or AMBR

06/12/2024

Date