

6/13/24, 3:24 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L24000266860**

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

(((H24000207331 3)))



H240002073313ABCW

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: ghmbusiness85@gmail.comRECEIVED
2024 JUN 13 PM 4:21

FLORIDA LIMITED LIABILITY CO.

GHM BUSINESS LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUN 13 PM 4:13

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

GHM BUSINESS LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

150 SE 2nd AVE #300

MIAMI, FL 33131

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

BOOKSLY, LLC

6919 SW 18th STREET STE 222

BOCA RATON, FL 33433

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.

Leonardo Resende

Registered Agent (Signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUN 13 PM 4:12

ARTICLE IV – MANAGERS

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

Name: **GABRIEL HENRIQUE F. MEDEIROS**

Title: **MGMB**

Address: **R. BARONESA GERALDO DE RESENDE 534 TORRE 2 APT 144
CAMPINAS, SP 13075-270 – BRAZIL**

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filling date**.

REQUIRED SIGNATURE:

Gabriel H. + Medeiros

06/13/2024

GABRIEL HENRIQUE F. MEDEIROS - Member or AMBR

Date