

6/19/24, 12:05 PM

Division of Corporations

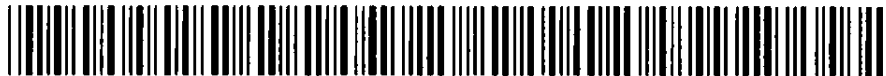
## Florida Department of State

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 : 120180000056

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.

## CHECKMATE INVESTMENTS 3 LLC

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

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DIVISION OF CORPORATIONS

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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  
**CHECKMATE INVESTMENTS 3 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.*

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\_\_\_\_\_  
Registered Agent (Signature)

**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 **filling date**.

**REQUIRED SIGNATURE:**



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

06/19/2024

\_\_\_\_\_  
Date