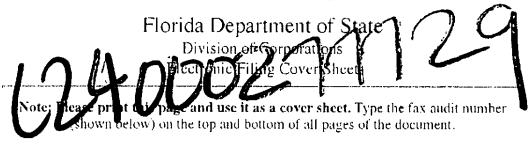
From: Leonardo Resende

6/19/24, 12/03 PM

Division of Corporations



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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: info@mastertouchpools.com

future 9 PM 3: 08

# FLORIDA LIMITED LIABILITY CO. CHECKMATE INVESTMENTS 2 LLC

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

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Corporate Filing Menu

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# ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

#### ARTICLE 1 - NAME

The name of the Limited Liability Company shall be

CHECKMATE INVESTMENTS 2 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

#### <u>ARTICLE III - REGISTERED AGENT</u>

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 Date