

6/19/24, 12:03 PM

Division of Corporations

# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**H24000213094**

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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.

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## FLORIDA LIMITED LIABILITY CO. CHECKMATE INVESTMENTS 2 LLC

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

**ARTICLES OF ORGANIZATION FOR  
LIMITED LIABILITY COMPANY**

**ARTICLE I – 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**

**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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2024 JUN 19 PM 4: 59



\_\_\_\_\_  
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