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Division of Corporations

Florida Department of State

Division of Corporations
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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: _____

**FLORIDA LIMITED LIABILITY CO.
SENDFLOW LLC**

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

2024 JUL 25 PM 12:29
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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2024 JUL 25 PM 2:21
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TALLAHASSEE, FL

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be
SENDFLOW 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)

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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: LUIZ GUILHERME C. T. DOS SANTOS

Title: MGMB

Address: RUA LUIZ OTAVIO MARQUES DO AMARAL 44
SAO JOSE DOS CAMPOS, SP 12244-032 - BRAZIL.

ARTICLE V – EFFECTIVE DATE

Effective date shall be the filing date.

REQUIRED SIGNATURE:

Luiz Guilherme C. T. dos Santos - Member or AMBR

07/25/2024

Date

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