

9/18/24, 3:01 PM

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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 : I20180000056  
Phone : (954)998-3963  
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Email Address: msribeiro14@gmail.com

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**FLORIDA LIMITED LIABILITY CO.**  
**Americanize LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be  
**AMERICANIZE LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be  
**4040 GALT OCEAN DR #235**  
**FORT LAUDERDALE, FL 33308**

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

**MONICA S. RIBEIRO**  
**4040 GALT OCEAN DR #235**  
**FORT LAUDERDALE, FL 33308**

*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.*

*Monica Ribeiro*

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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: **MONICA S. RIBEIRO**

Title: **MGMB**

Address: **4040 GALT OCEAN DR #235**

**FORT LAUDERDALE, FL 33308**

Name: **GABRIELLA A. RIBEIRO**

Title: **MBR**

Address: **4040 GALT OCEAN DR #235**

**FORT LAUDERDALE, FL 33308**

**ARTICLE V – EFFECTIVE DATE**

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

**REQUIRED SIGNATURE:**

*Monica Ribeiro*

MONICA S. RIBEIRO - Member or AMBR

09/18/2024

Date