

Division of Corporations

10/23/24, 6:01 PM

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this case and use it as a cover sheet for the tax audit report
(shown below) on the top and bottom of all pages of the document.

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FC
10-28-24

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Doing so will generate another cover sheet.

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: _____

FLORIDA LIMITED LIABILITY CO.
GIVEER DRINKS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE FL2024 OCT 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FL

FILED

KB

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

GIVEER DRINKS 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

JASON GHOSN

150 SE 2ND AVE #300

MIAMI, FL 33131

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.



Registered Agent (Signature)

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STATE
FL

ARTICLE IV – MANAGERS

The name and address of each person authorized to manage and control the Limited Liability Company shall be

Name: **JASON GHOSN**

Title: **MGMB**


Address: **150 SE 2ND AVE #300**

MIAMI, FL 33131

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filing date**.

REQUIRED SIGNATURE:



JASON GHOSN - Member or AMBR

10/25/2024

Date

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CLERK OF STATE
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