

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  
 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.  
 Laser King USA LLC**

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

2022 JAN 12 PM 3:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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HL

**ARTICLES OF ORGANIZATION FOR  
LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**LASER KING USA LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**5550 GLADES ROAD #500/1021**

**BOCA RATON, FL 33431**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

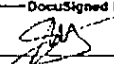
**ARTICLE III – REGISTERED AGENT**

The name and Florida street address (P.O BOX not acceptable) of the Registered Agent

**SERGIO ULIANA JUNIOR  
23277 COSTA DEL SOL BLVD  
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.*

**FILED**  
**2022 JAN 12 PM 0:34**  
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**TALLAHASSEE, FLORIDA**

DocuSigned by:  


6444506C48EE43C...  
Registered Agent (Signature)

DocuSign Envelope ID: 90FF4EEC-4053-4635-8BFC-BEE8155F7B87

**ARTICLE IV – MANAGERS**

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

Name: **LUIZ ANTONIO C GALEBE**

Title: **MGR**

Address: **629 BOCA MARINA CT  
BOCA RATON, FL 33487**

Name: **SERGIO ULIANA JUNIOR**

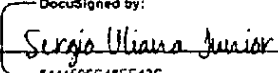
Title: **MGR**

Address: **23277 COSTA DEL SOL BLVD  
BOCA RATON, FL 33433**

**ARTICLE V – EFFECTIVE DATE**

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

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
SERGIO ULIANA JUNIOR - Member or AMBR

1/11/2022  
Date

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