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Division of Corporations

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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
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: ptouchgarage@gmail.com**FLORIDA LIMITED LIABILITY CO.****Autotrade LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

AUTOTRADE LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

14100 FAIR ISLE DR

DELRAY BEACH, FL 33446

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

BRUNO GHISLANDI

14100 FAIR ISLE DR

DELRAY BEACH, FL 33446

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.

Bruno Ghislandi

Registered Agent (Signature)

FILED
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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE IV – MANAGERS

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

Name: **BRUNO GHISLANDI**

Title: **MGR**

Address: **14100 FAIR ISLE DR**

DELRAY BEACH, FL 33446

ARTICLE V – EFFECTIVE DATE

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

REQUIRED SIGNATURE:

Bruno Ghislandi

BRUNO GHISLANDI – Manager

02/06/2025

Date