

L19000110582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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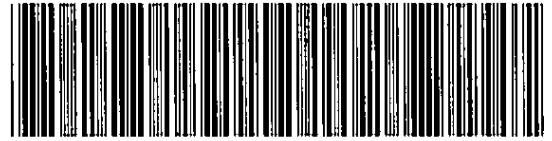
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR 18 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.7.6.3 2019

K. Brumbley

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PROBE HOMES LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID HURVITZ ESQ.

Name of Person

LAW OFFICE OF DAVID HURVITZ PA

Firm/Company

3708 WEST BAY TO BAY BLVD.

Address

TAMPA, FL 33629

City/State and Zip Code

MARIO@MULTISEGURANCA.COM.BR

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO JOSE DE SOUZA

786

6001282

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROBE HOMES LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

730 SOUTH STE 205 STERLING AVE.  
TAMPA, FL 33606

730 SOUTH STE 205 STERLING AVE.  
TAMPA, FLORIDA 33606

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TAXCARE INC.

Name

142 WEST PLATT STREET

Florida street address (P.O. Box **NOT** acceptable)

TAMPA

FL

33606

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated 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 as provided for in Chapter 605, F.S.*

Martha Blomquist

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

MARIO JOSE DE SOUZA

ALAMEDA SERRA DOS PIRINEUS

180 ITU, SP - BRAZIL 13.308-582

AMBR

SONIA APARECIDA COSTOLA DE SOUZA

ALAMEDA SERRA DOS PIRINEUS

180 ITU, SP - BRAZIL 13.308-582

AMBR

FLAVIA COSTOLA DE SOUZA

ALAMEDA SERRA DOS PIRINEUS

180 ITU, SP - BRAZIL 13.308-582

AMBR

CAROLINA COSTOLA DE SOUZA PAVANI

ALAMEDA SERRA DOS PIRINEUS

180 ITU, SP - BRAZIL 13.308-582

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

Purpose of the business is buying, fixing, and selling real estate.

Each of the above AMBRs shall have 25% ownership in this LLC.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mario Jose de Souza

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)