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Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200000470953ABC

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007

: (786)845-8854

Phone Fax Number

: (321)473-3052

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Sunbizing @ taxcarcine.com

## FLORIDA LIMITED LIABILITY CO. VASSUSA LLC

	سجاهان يتحاديها بياجين والمناوي
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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## COVER LETTER

TO:	New Filing Section Division of Corporations			
	VASSUSA LLC			
SÜBJEC	T: Name of I	imited Liability	Company	
		t comments	Glina	
	osed Articles of Organization and fee(s)			
Please re	turn all correspondence concerning this	matter to the fol	llowing:	
	JESSICA TORRES			
		Name of P	erson	
	TAX CARE			
		Firm/Con	npany	
	1400 NW-107TH AVE. STE 430			
		Addre	ss	
	SWEETWATER, FL 33172			
		City/State and	Zip Code	
	sunbizreg@taxcareinc.com  E-mail address: (to be to	seed for future a	nnual report notification	on)
			·•·	•
For furth	er information concerning this matter, p.	lease can:		
	JESSICA TORRES	786 t (	845-8854 	
	Name of Person	Area Code	Daytime Telephone	Number
Enclas	ed is a check for the following amount:			
	5.00 Filing Fee	s Certifi	5.00 Filing Fee & ied Copy hal 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 Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3236	er Circle

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

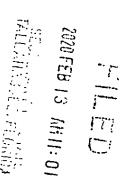
VASSUSA LLC			
(Must conat	in the words "Limited Lie	ability Company, "	L.L.C.," or "LLC.")
RTICLE II - Address:		· c.a. a a antend t	ishiliby Company is:
he mailing address and street ad	dress of the principal offi	ice of the Limited i	Ciability Company is.
Princips	Office Address:		Mailing Address:
11204 THICKET CT.		.1120-	THICKET CT.
RTICLE III - Registered Age	ent, Registered Office, & cannot serve as its own R	Registered Agen	PA, FL-33624  t's Signature:  ou must designate an individua
TAMPA, FL 33624  ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	ent, Registered Office, & cannot serve as its own Rictive Florida registration address of the registered a	Registered Agent. Y	t's Signature:
TAMPA, FL 33624  ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	ent, Registered Office, & cannot serve as its own Rictive Florida registration	Registered Agent Registered Agent. 1  agent are:  CARNEIRO	t's Signature:
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	ent, Registered Office, & cannot serve as its own Rictive Florida registration address of the registered at SANDRA MILENA C	Registered Agent. Y Registered Agent. Y agent are: CARNEIRO Name	t's Signature: 'ou must designate an individua

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..

Salfarraco

Registered Agent's Signature (REQUIRED)

(CONTINUED)



"AMBR" = Authorized Member "MGR" = Manager  MGR  SANDRA MILENA CARNEIRO  11204 THICKET CT  TAMPA, FL 33624  MGR:  VANDERLEI CARNEIRO  11204 THICKET CT  TAMPA, FL 33624   (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	Title:	Name and Address:
MGR  SANDRA MILENA CARNEIRO  11204 THICKET CT  TAMPA, FL 33624  MGR  VANDERLEI CARNEIRO  11204 THICKET CT  TAMPA, FL 33624  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florids 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.		uthorized Member
CUse attachment if necessary	"MGR" = Mar	
WANDERLEI CARNEIRO 11204 THICKET CT TAMPA, FL 33624  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list neument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  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.	MGR	SANDRA MILENA CARNEIRO
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(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		17(1)17(1) 17.23021
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MCD.	VANDERLEI CARNEIRO
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MOK	11204 THICKET CT
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		TAMPA, FL 33624
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-