PAGE 01

1/25/2021

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000034013 3)))



H210800340133ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

| Γo: | | | | | |
|-------|------------------------|-----------------|---|---|--|
| | Division of Co | rporations | • | • | |
| | | : (850)617-6381 | | | |
| From: | | | | | |
| | Account Name | : TAXPEOPLE LLC | | | |
| | مرم والمساولة المساورة | T20200000160 | | | |

Account Number : 120200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

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

| E41 | Address: | | | | |
|--------|-----------|------|------|------|---|
| CIMETY | MUUI C33+ | | | | _ |

FLORIDA LIMITED LIABILITY CO.

JR Flooring Services, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

111 25 AM 8:

Electronic Filing Menu

Corporate Filing Menu

Help

J DENINIS JAN 27 2021

1/1

(((H210000340133)))

COVER LETTER

| TQ: | New Filing Section Division of Corporations | |
|---------------|---|--|
| | | SERVICES, LLC |
| SUBJE | Name of Limited | Liability Company |
| The enc | losed Articles of Organization and fee(s) are sub- | nitted for filing. |
| Please : | eturn all correspondence concerning this matter t | o the following: |
| | Claud | io Toledo Ribeiro |
| | Ne | une of Person |
| | Ta | xPeople, LLC |
| | Fi | rm/Company |
| | 2855 | SW Brighton St |
| | | Address |
| | Port S | it Lucie, FL 34953 |
| | _ | State and Zip Code Dtaxpeoplefl.com |
| | | future annual report notification) |
| For furt | er information concerning this matter, please cal | l : |
| | Claudio Toledo Ribeiro 772 | 460-1000 |
| | Name of Person Area | Code Daytime Telephone Number |
| Enclos | ed is a check for the following amount: | |
| ≡ \$12 | 5.00 Filing Fee \$\text{Certificate of Status}\$ (a) | □\$155.00 Filing Fee & □\$160.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | SERVICES, LLC | | _ |
|---|---|---|---|---|
| (Must | contain the words "Limited Li | iability Company, " | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and sm | eet address of the principal off | fice of the Limited I | Liability Company is: | |
| <u>Pri</u> | ncipal Office Address: | | Mailing Address: | |
| 2310 S. Hwy 77 | 7, Ste 110-PMB 173 | 2310 | S. Hwy 77, Ste 110-PMB 173 | _ |
| Lynn Haven, FI | | Lynn | Haven, FL 32444 | — |
| | | | | |
| (The Limited Liability Con | d Agent, Registered Office, & apany cannot serve as its own I th an active Florida registration | Registered Agent. Y | t's Signature: (ou must designate an individual or | |
| (The Limited Liability Con another business entity wit | apany cannot serve as its own I than active Florida registration street address of the registered | Registered Agent.) 1.) agent are: | t's Signature: You must designate an individual or | |
| (The Limited Liability Con another business entity with | apany cannot serve as its own I than active Florida registration street address of the registered | Registered Agent.) 1.) agent are: XPEOPLE LLC | t's Signature: (ou must designate an individual or | |
| (The Limited Liability Con another business entity with | apany cannot serve as its own I than active Florida registration street address of the registered | Registered Agent.) 1.) agent are: | t's Signature: You must designate an individual or | |
| (The Limited Liability Con another business entity with | npany cannot serve as its own I th an active Florida registration street address of the registered TA | Registered Agent.) 1.) agent are: XPEOPLE LLC | t's Signature: (ou must designate an individual or | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own I th an active Florida registration street address of the registered TA | Registered Agent.) 1.) agent are: XPEOPLE LLC Name 5 SW Brighton St | Ou must designate an individual of | |
| (The Limited Liability Con another business entity with | npany cannot serve as its own I the an active Florida registration street address of the registered TA 2855 | Registered Agent.) 1.) agent are: XPEOPLE LLC Name 5 SW Brighton St | Ou must designate an individual of | |

(CONTINUED)

ARTICLE IV-

aş

(((H21000034013 3)))

| <u> Citle:</u> | Name and Address: |
|---|--|
| 'AMBR" = Authorized Member | |
| MGR" = Manager | |
| AMBR | ANTONIO BERNARDES JR |
| ANIDIC | 2310 S. Hwy 77, Ste 110-PMB 173 |
| | Lynn Haven, FL 32444 |
| | |
| | |
| <u> </u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| EV: Effective date, if other than the ective date is listed, the date must b | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 or |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does in | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does a ment's effective date on the Department's | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does a ment's effective date on the Department's | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does a ment's effective date on the Department's | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does a ment's effective date on the Department's | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Department's | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Department. EVI: Other provisions, if any. | e specific and cannot be more than five business anys prior to be 90 to not meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will not ment of State's records. |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will not ment of State's records. |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: | a member or an authorized representative of a member. |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is end of the payment that any agent that any | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is ended. | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in 5.817.155, F.S. |
| ective date is listed, the date must be of filing.) (the date inserted in this block does a ment's effective date on the Departm. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third of | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Yealse information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. CLAUDIO TOLEDO RIBEIRO Typed or printed name of signee |
| EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third of | a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. CLAUDIO TOLEDO RIBEIRO Typed or printed name of signee |