4/3/2021

Division of Corporations

2 Division of Corporation State Single Coversheet S

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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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAXPEOPLE LLC
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.

Email	Address	:		 _

FLORIDA LIMITED LIABILITY CO. HIGH PROFESSIONAL SERVICES, LLC

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

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COVER LETTER

TO:	New Filing Sec Division of Cor							
SUBJE	CT:	HIG	H PROFES	SSIONAL	SERVICES, LLC			
00200	<u> </u>	. Na	une of Lim	ited Liabil	ity Company			
The enc	losed Articles of	Organization and	d fee(s) are	submitted	for filing.			
Piease r	eturn all correspo	ndence concerni	ng this mat	ner to the f	ollowing:			
		_	C	laudio To	ledo Ribeiro			
				Name of	Person	· · · · · · · · · · · · · · · · · · ·		
				TaxPec	ople LLC			
			-	Firm/Co	mpany			
			:	2855 SW E	Brighton St			
				Addr	- ess	·		
			F	ort St Luc	ie, FL 34953		~ ·	202
			Ci	ty/State an	d Zip Code		=	I APR
					coplefl.com		<u> </u>	
	ŀ	i-mail address: (to be used:	for future a	unnual report notificat	tion)	į	S
For furth	er information co	ncerning this ma	tter, please	call:			įr	PH 2: 46
	Claudio Tole	do Ribeiro	at (772)	460.1000		골기	۲: _ا
	Name of	Person	A	rea Code	Daytime Telephon	ie Number	m	9
Enclose	ed is a check for t	he following amo	ount:					
≣\$ 125	5.00 Filing Fee	□\$130.00 Fill Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 B Certificate of Certified Co (additional co	of Status &	ed)
	New F Division	ig Address illing Section on of Corporatio ox 6327	ns		Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str	nassee		

Tallahassee, FL 32314

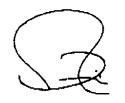
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	HIGH PRO	FESSIONAL SERV	VICES II C
(Must contai	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:		• •	
ne mailing address and street address	dress of the principal	office of the Limited	Liskitis Communica
to marring address and spreet adv	areas of the principal (office of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
2172 W Nine Mile Rd	# 263	2172	2 W Nine Mile Rd # 263
Pensacola, FL 32534		Deni	sacola, FL 32534
RTICLE III - Registered Ages he Limited Liability Company o	annot serve as its own	& Registered Agen	nt's Signature:
RTICLE III - Registered Ages	annot serve as its own tive Florida registration	& Registered Agent. on.)	nt's Signature:
RTICLE III - Registered Ages he Limited Liability Company o other business entity with an ac	annot serve as its own tive Florida registration	& Registered Agent. on.)	
RTICLE III - Registered Ages he Limited Liability Company o other business entity with an ac	annot serve as its own tive Florida registration	& Registered Agent. on.)	nt's Signature:
RTICLE III - Registered Ages he Limited Liability Company o other business entity with an ac	annot serve as its own tive Florida registration and the registere	& Registered Agent. n Registered Agent. on.) d agent are: TaxPeople LLC	nt's Signature: You must designate an individual o
RTICLE III - Registered Ages he Limited Liability Company o other business entity with an ac	annot serve as its own trive Florida registration ddress of the registere	& Registered Agent. n Registered Agent. on.) d agent are: TaxPeople LLC Name	nt's Signature: You must designate an individual o
RTICLE III - Registered Ages he Limited Liability Company o other business entity with an ac	annot serve as its own trive Florida registration ddress of the registere	& Registered Agent. on.) d agent are: TaxPeople LLC Name	nt's Signature: You must designate an individual o

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 revisitered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 APR -5 PH 2: 46

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<u>Title:</u> "AMBR" = Authorized l "MGR" = Manager	Name and Address: lember	
AMBR	JHONATAN ASSIS CARVALHO MORETE 2172 W Nine Mile Rd # 263, Pensacola, FL 32534	_
	2002 W 1000 Mile 100 4 200 (1 eusacota, 1 2 32304	
		
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EV: Effective date, if of certive date is listed, the	ner than the date of filing:	or 90 days a
ective date is listed, the of filing.) the date inserted in this ment's effective date on	late must be specific and cannot be more than five business days prior to colock does not meet the applicable statutory filing requirements, this date with the Department of State's records.	
EV: Effective date, if of ective date is listed, the of filing.) the date inserted in this	ner than the date of filing:	
E V: Effective date, if of ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, i	ner than the date of filing:	
EV: Effective date, if of ective date is listed, the of filing.) the date inserted in this ment's effective date on EVI: Other provisions, i	ner than the date of filing:	ll not be liste
E V: Effective date, if of sective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, i	ner than the date of filing:	Il not be liste