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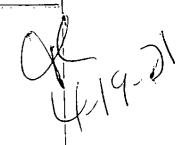
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COVER LETTER

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SUBJEC	I:	Nan	ne of Limite	d Liability	Company		
The enclo	sed Articles of (Organization and	fee(s) are si	ubmitted fi	or filing.	-	
Please ret	um all correspor	ndence concernin	g this matte	r to the fo	llowing:		
			Cla	audio Tole	do Ribeiro		
				Name of P	erson		
				TaxPeop	le LLC		. .
				Firm/Con	пралу		
			28	355 SW B	righton St		
		,,	<u>-</u>	Addre	SS		
			Po	nt St Luci	e, FL 34953		
				•	Zip Code		
					eoplefl.com		
		-mail address: (t	o be used fo	or future a	mual report notificati	on)	
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	Claudio Tole	do Ribeiro	at (7	72)	460.1000		
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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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			RUCTION, LLC
(Must contain t	he words "Limited Lia	bility Company, "	L.L.C.," or "LLC.")
CLE II - Address: ailing address and street addre	ss of the principal offic	ce of the Limited l	iability Company is:
	ffice Address:	~ · · · · · · · · · · · · · · · · · · ·	Mailing Address:
25CARIVAL Plant		3567	VW Airoso Blvd
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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 movided for in Chapter 605, F.S.



(CONTINUED)

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<u>Title:</u> "AMBR" = Au "MGR" = Man	thorized Member ager	Name and Address:	
AMBR		RAFAEL ANDRADE 356 NW Airoso Blvd, Port St Lucie, FL 34983	
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