

L21 000196523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

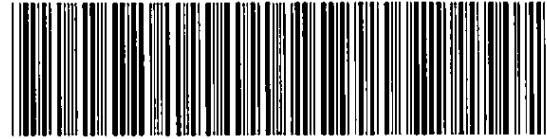
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021 MAY -5 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2021 MAY -5 AM 10:06

CLERK OF COURT
TALLAHASSEE, FLORIDA

Handwritten signature

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 5/5/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 914359

ORDER ENTITY
TIBA MUCH MORE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

TIBA MUCH MORE LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ".

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FLORIDA DEPARTMENT OF STATE
CORPORATE SERVICES

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIBA MUCH MORE 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:

7680 UNIVERSAL BLVD SUITE 210
ORLANDO, FL 32819

Mailing Address:

7680 UNIVERSAL BLVD SUITE 210
ORLANDO, FL 32819

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:

BICALHO BUSINESS LLC

Name

7680 UNIVERSAL BLVD SUITE 210

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

ORLANDO

FL

32819

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..

J. Vinicius Bicalho Costa Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY -5 AM 10:06
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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ALEXANDRE MORON BERNARDONI
7680 UNIVERSAL BLVD SUITE 210
ORLANDO, FL 32819

MGR

ISABEL MOHERDAUI BERNARDONI
7680 UNIVERSAL BLVD SUITE 210
ORLANDO, FL 32819

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 5th, 2021. (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.

REQUIRED SIGNATURE:

Alexandre M. Bernardoni

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.

ALEXANDRE MORON BERNARDONI

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)

2021 MAY -5 AM 10:06
FILED