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.

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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.\*\*

:1	Address:				
PM AT I	ANDERS.			 	

# FLORIDA LIMITED LIABILITY CO.

## P&G Construction Services of Florida, LLC

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

Help

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## **COVER LETTER**

TO:	New Filing Secti Division of Corp					
		P&G Cons	struci	ion Servi	ces of Florida,	LLC
SUBJI	ECT:	Nan	ne of Lin	nited Liabilit	y Company	
The en	iclosed Articles of (	Organization and	l fee(s) a	re submitted	for filing.	
Please	return all correspon	odence concernir	ng this m	natter to the fo	ollowing:	
				Claudio Tole	edo Ribeiro	
				Name of I	Person	
				TaxPeor	ole LLC	
				Firm/Cor		
				2855 SW B	righton St	
				Addre		
				Port St Luci		
			•	City/State and	l Zip Code coplefl.com	
		-mail address: (t	to be use		nnual report notificati	ion)
For fur	ther information co					
	Claudio Tole	do Ribeiro	at (	772)	460.1000	
Name of Person			Area Code	Daytime Telephone Number		
Enclo	osed is a check for t	he following am	ount:			
	25.00 Filing Fee	□\$130.00 Fil Certificate of	ing Fee	Certifi	5.00 Filing Fee & ed Copy al 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



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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## P&G Construction Services of Florida, 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:

#### Mailing Address:

10275 Old St Augustine Rd, Apt. 210 Jacksonville, FL 32257

10275 Old St Augustine Rd, Apt. 210 Jacksonville, FL 32257

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:

TAXPEOPLE, LLC

Name

2855 SW Brighton St

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

Port St Lucie FL 34953

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.

Q

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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A	R	TI	CL	F.	IV

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

Title;

Name and Address:

"AMBR" = Authorized Member

"MGR" ≃ Manager

AMBR	PEDRO GOEDERT
	10275 Old St Augustine Rd, Apt. 210
ļ	Jacksonville, FL 32257

(Use attachmen	nt if necessary)		
ARTICLE V: Effective	date, if other than the date of filing:		(OPTIONAL)
· · · · · · · · · · · · · · · · · · ·	sted, the date must be specific and cant	not be more than five busine	ess days prior to or 90 days after
	ed in this block does not meet the applica		ients, this date will not be listed as
the document's effective	e date on the Department of State's reco	rds.	
ARTICLE VI: Other pr	ovisions, ifany.		
REOUIRED	SIGNATURE:	2	•
		7-66	
	Signature of a member or an a This document is executed in accordar I am aware that any false information a constitutes a third-degree felony as pro	nce with section 605.0203 (I submitted in a document to t	l) (b), Florida Statutes.
	Claudi	o Toledo Ribeiro	
	Typed or pr	inted name of signee	

