

09/07/2021 02:17PM 7277-3074 Tax People
8/30/2021 L21000395946 Division of Corporations

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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.

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : TAXPEOPLE LLC
Account Number : I20200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

FILED
2021 SEP -7 PM 1:11
TALLAHASSEE, FL

****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.
Prime Pool Services of Florida, LLC

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

2021 SEP -7 PM 3:58

09/07/2021 02:47PM 7727773071

TaxPeople

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850-617-6381

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Send Request



September 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAXPEOPLE LLC

SUBJECT: PRIME POOL SERVICES OF FLORIDA, LLC
REF: W21000119604

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Is it one individual or two individuals listed in Article IV of your articles?

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H21000324593
Letter Number: 321A00021083

One Individual

Thank you!



September 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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REF: W21000119604

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DANIEL L O'KEEFE
Regulatory Specialist IIFAX Aud. #: H21000324593
Letter Number: 321A00021083

FIRST:	LAST NAME
MURILLO	HADDAD QUARESIMA CARMELO GONZALEZ

(((H21000324593 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

PRIME POOL SERVICES OF FLORIDA, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudio Toledo Ribeiro

Name of Person

TaxPeople LLC

Firm/Company

2855 SW Brighton St

Address

Port St Lucie, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

at (772)

460.1000

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIME POOL 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:290 NW Peacock Blvd
Port St Lucie, FL 34988Mailing Address:P.O. Box 881271
Port St Lucie, FL 34988

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

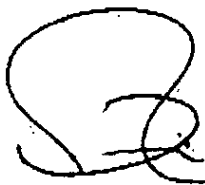
2855 SW Brighton StFlorida street address (P.O. Box **NOT** acceptable)Port St LucieFL34953

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

 2021 SEP - 7 PM 1:11
 TALLAHASSEE, FL
 SECRETARY OF STATE

FILED



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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:


AMBR	MURILO HADDAD QUARESMA CARNEIRO CUNHA
	PO Box 881271 Port St Lucie, FL 34988

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:****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.**Claudio Toledo Ribeiro**_____
Typed or printed name of signee