Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

2821

Account Name : TAXPEOPLE LLC Account Number : I20200000160 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.\*\*

Ema11	Address:	 	 	<del></del>

# FLORIDA LIMITED LIABILITY CO.

# WASTE 2 ENERGY ENGINEERING & SYSTEMS USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000348194 3)))

# **COVER LETTER**

TO:	New Filing Section
	Division of Corporations

	WASTE	2 ENERGY	EN	GINEER	<u>ung</u> & systi	EMS USA, LLC
SUBJEC	T:					
SOPULC		Nam	e of Li	mited Liabili	ty Company	:
						:
The enclo	sed Articles of	Organization and	fee(s) a	ire submitted	for filing.	
Please ret	um all correspo	ndence concernin	g this n	natter to the 1	following:	
				Claudio Tol	edo Ribeiro	
		<del>.</del>		Name of	Person	<del></del>
				TaxPeo	ple LLC	
		<u> </u>		Firm/Co	mpany	<del></del>
				2855 SW E	Brighton St	
				Addr	ess	<del></del>
				Port St Luc	ie, FL 34953	
		<u> </u>		City/State an	<u> </u>	
				•	eoplefl.com	
	Ī	E-mail address: (to	be use	d for future a	annual report notificat	ion)
For further	information co	ncerning this mat	ter, ple	ase call:		
	Claudio Tole	do Ribeiro	at (	772)	460.1000	
-	Name of	Person	<b>-</b>	Area Code	Daytime Telephon	Number
		he following amo				
₩\$125.0	00 Filing Fee	□\$130.00 File Certificate of S		Certifi	5.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	Mailii	ng Address			Street Address	•
	New I	Filing Section			New Filing Section I	
		on of Corporation Box 6327	\$		The Centre of Taliah 2415 N. Monroe Stre	et, Suite 810
	Tallah	assee, FL 32314			Tallahassee, FL 3230	



(((H210003481943)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# WASTE 2 ENERGY ENGINEERING & SYSTEMS USA, 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:

Prin	CIDA	Office	Addr	ess:
	4 - 6			

# Mailing Address:

2855 SW Brighton St	2855 SW Brighton St
Port St Lucie, FL 34953	Port St Lucie, FL 34953

# 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

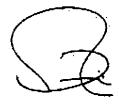
2855 SW Brighton St

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)



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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	HERILTON FERNANDO FERREIRA	
	Rua Alberto Folloni, 594, Sala 104, AHU	•
	Curitiba, PR, Brazil, 80.540-000	

(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 mor	e than five business days prior to or 90 days after
the date of filing.)	7 ,
Note: If the date inserted in this block does not meet the applicable statuto	ry 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

