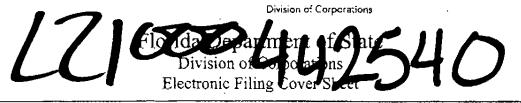
10/9/21, 10:11 AM



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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

**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. WVS QUALITY SERVICES, LLC

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

12#2

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

то:	New Filing Sec Division of Cor					·		
SUBJE	CT:				CES, LLC			
		Nı	ime of Lim	iited Liabili	ty Company			
The end	losed Articles of	Organization ar	id fee(s) ar	e submitted	for filing.			
Please r	eturn all correspo	ondence concern	ing this ma	atter to the f	following:			
			C	laudio Tol	edo Ribeiro			
				Name of	Person			-
				TaxPeo	ple LLC			
				Firm/Co	трапу		., .	207
				2855 SW E	Brighton St		12. 22.	30 14
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For furth	er information co	oncerning this m	atter, pleas	e call:				
	Claudio Tole	edo Ribeiro	at (772)	460.1000			
	Name o	f Person		rea Code	Daytime Telephon	e Number	-	
Enclos	ed is a check for	the following an	iount:					
■ \$125	5.00 Filing Fee	□\$130.00 Fi Certificate o		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status o Copy	R:

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



(((H21000377767 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WVS QUALITY SERVICES, 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:

1245 Palm Bay Rd NE Unit # C0203 Melbourne, FL 32905 1245 Palm Bay Rd NE Unit # C0203 Melbourne, FL 32905

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.)

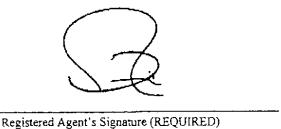
The name and the Florida street address of the registered agent are:

Name
2855 SW Brighton St
Florida street address (P.O. Box NOT acceptable)

TAXPEOPLE, LLC

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..



(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	WESLEN VIEIRA DE SOUSA	
	1245 Palm Bay Rd NE Unit # C0203	
	Melbourne, FL 32905	

(Use attachment if necessary)	•		
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specified the date of filing.) Note: If the date inserted in this block does not mee the document's effective date on the Department of	fic and cannot be more than five busing the applicable statutory filing requires	•	
ARTICLE VI: Other provisions, ifany.			
REQUIRED SIGNATURE:			
		202	
This document is executed I am aware that any false in	ther or an authorized representative I in accordance with section 605.0203 (information submitted in a document to felony as provided for in s.817.155, F.S.	1) (b), Florida Statutes. the Department of State	-
	Claudio Toledo Ribeiro		:
	Typed or printed name of signee		-

