

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.

(((H22000008376 3)))



H220000083783ABC

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:

7 - 7 (FU)

FLORIDA LIMITED LIABILITY CO. DEE CLEANING SERVICES, LLC

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

Electronic Filing Menu

Corporate Filing Menu

HASSEE, FLORIDA

RECEIVED 01/07/2022 10:12AM 7727773071 TaxPeople 850-617-6381 1/7/2022 10:12:55 AM PAGE

1/001 Fax Server



January 7, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

TAXPEOPLE LLC

SUBJECT: DEE CLEANING SERVICES, LLC

REF: W22000001822

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jessica A Fason Regulatory Specialist II

FAX Aud. #: H22000008376 Letter Number: 722A00000491

New Filing Section

TO:

(((H22000008376 3)))

COVER LETTER

	DEE PROFESSIONAL CLEANING SERVICES, LLC
SUBJECT:	
	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Claudio Toledo Ribetro
_	Name of Person
	TaxPeople LLC
-	Firm/Company
	2855 SW Brighton St
-	Address
	Port St Lucie, FL 34953
-	Ciry/State and Zip Code
	info@taxpeopleft.com
	E-mail address: (to be used for future annual report notification)

at (772)

Area Code

Enclosed is a check for the following amount:

Claudio Toledo Ribeiro

Name of Person

■\$125.00 Filing Fee

☐\$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

460.1000

(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

Daytime Telephone Number



(((H22000008376 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEE PROFESSIONAL CLEANING 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:

150 SW COLESBURY AVE PORT ST LUCIE, FL 34953

150 SW COLESBURY AVE PORT ST LUCIE, FL 34953

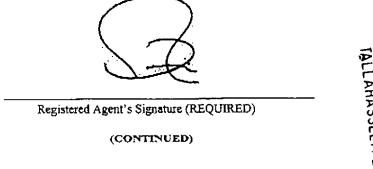
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

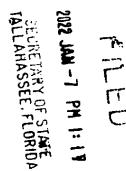
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

T	AXPEOPLE, LLC	
	Name	
2	855 SW Brighton S	it
Florida street addres	38 (P.O. Box <u>NOT</u> ac	cceptable)
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.







(((H22000008376	3))	
(((~ , ,	,

ARTICLE IV	
	horized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DEUZELI SENA VITAL 150 SW COLESBURY AVE
<u> </u>	PORT ST LUCIE, FL 34953
CT 1 10	
	ACCUAL CONTIONAL N
ective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not me	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memory document is executed and ware that any false	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memory document is executed and ware that any false	et the applicable statutory filing requirements, this date will not of State's records. mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

CURCIARY OF STATE

