Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAXPEOPLE LLC
Account Number : 120200000150
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.

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Email Address:

FLORIDA LIMITED LIABILITY CO. 948 SERVICES, LLC

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

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COVER LETTER

TO:	New Filing Sec Division of Cor					
			948 (SERVICE	S, LLC	
SUBJE	CT:					
		Nam	e of Lin	nited Liabilit	y Company	
The enc	osed Articles of	Organization and	fee(s) ar	e submitted	for filing.	
Please re	turn all correspo	ondence concernin	g this m	atter to the fo	ollowing:	
			•	Claudio Tok	do Ribeiro	
				Name of F	erson	
				TaxPeop	ole LLC	
				Firm/Con	прапу	
				2855 SW Bi	righton St	
	<u> </u>			Addre	22	
				Port St Lucie	e, FL 34953	
			Ç	ity/State and		
		mail address: (to	ha waad	info@taxpe	coplefi.com inual report notificat	ion)
		•			muai report notificat	ion)
For furthe	r information co	ncerning this matt	er, pleas	e call:		
	Claudio Tole	do Ribeiro	at (772)	460.1000	
	Name of	Person	- <u>-</u>	Area Code	Daytime Telephon	e Number
Enclose	d is a check for t	he following amo	ant:			
₽\$125	.00 Filing Fee	□\$130.00 Filin Certificate of S		Certifie	.00 Filing Fee & d Copy I 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



(((H22000031398 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

948 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:

1897 SW LOFGREN AVE PORT ST LUCIE, FL 34953 1897 SW LOFGREN 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:

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..



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ARTICLE	ĮV	

The name and address of each pe	rson authorized to manage and control	the Limited Liability	Company:
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Name and Address:

<u>Title:</u> "AMBR" = Authorized Member

"MGR" = Manager

AMBR	RHUAN PEREIRA GOMES	
	1897 SW LOFGREN AVE	_
	PORT ST LUCIE, FL 34953	

(Use attachmen	nt if necessary)	•
If an effective date is li he date of filing.) <u>Note:</u> If the date inserte	date, if other than the date of filing: isted, the date must be specific and cannot be more that ed in this block does not meet the applicable statutory fil the date on the Department of State's records.	n five business days prior to or 90 days after
ARTICLE VI: Other pr	ovisions, ifany.	
REQUIREDS	SIGNATURE:	
	Signature of a member or an authorized repr This document is executed in accordance with section I am aware that any false information submitted in a do- constitutes a third-degree felony as provided for in s.8	605.0203 (1) (b), Florida Statutes. ocument to the Department of State
	Claudio Toledo Ribeir	·o
	Typed or printed name of si	gnee

