

2/3/22, 2:51 PM

81 Page: 1 of 5 2022-09-09 19:54:03 CDT 100052465 From: lu  
2:57 PM Division Corporation  
**L22-000039392**  
Florida Department of State  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (954)252-4650

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2022 FEB -3 AM 5:39  
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**FLORIDA LIMITED LIABILITY CO.**  
**NATURA DADELAND LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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H220000455333

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Natura Dadeland LLC  
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:

Name of Person  
GFS TAX & ACCOUNTING SERVICES  
Firm/Company  
11764 W SAMPLE RD STE 102  
Address  
CORAL SPRINGS, FL 33065  
City/State and Zip Code  
INFO@GFSTAXACCT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA MACHADO 754 301-2128  
Name of Person at 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 FEB -3 AM 9:39

FILED

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Natura Dadeland 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:**7535 N Kendall Dr #2250AMiami, FL 33156**Mailing Address:**7535 N Kendall Dr #2250AMiami, FL 33156**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:

GFS TAX & ACCOUNTING SERVICES

Name

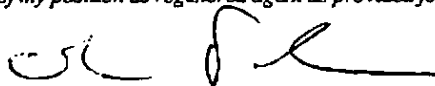
11764 W SAMPLE RD STE 102Florida street address (P.O. Box **NOT** acceptable)CORAL SPRINGSFL33065

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)

 SECRETARY OF STATE  
 DIVISION OF CORPORATE  
 FILINGS

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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:**AMBRGOMES, MARCIO7535 N Kendall Dr #2250AMiami, FL 33156AMBRCHAGAS, RAFAELA7535 N Kendall Dr #2250AMiami, FL 33156

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/03/2022 (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.GILVAM F DOSSANTOS

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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 FILED  
 SECRETARY OF STATE  
 FLORIDA