

2/11/22, 5:02 PM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : GFS TAX & ACCOUNTING SERVICES
 Account Number : 120140000089
 Phone : (754)301-2128
 Fax Number : (954)252-4650

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@GFSTAXACCT.COM

FLORIDA LIMITED LIABILITY CO.
MARION OAKS HOMES DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

F1220000568723

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MARION OAKS HOMES DEVELOPMENT 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:

JULIANA MACHADO, CPA

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11704 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

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

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

The name of the Limited Liability Company is:

MARION OAKS HOMES DEVELOPMENT, 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:16749 BROADWATER AVE
WINTER GARDEN, FL 34787**Mailing Address:**16749 BROADWATER AVE
WINTER GARDEN, FL 34787**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

11761 W. SAMPLE RD STE 102

Florida street address (P.O. Box acceptable)

CORAL SPRINGS

City

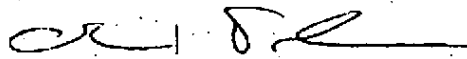
FL

State

33065

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

lik&

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MBRBEATRIX INVESTMENTS LLC
16749 BROADWATER AVE
WINTER GARDEN, FL 34787MBRCENTRAL PARK NY INVESTMENT LTD
1100 ABERNATHY RD NE 500 NORTH PARK STE 300
ATLANTA, GA 30328MBRPRIMA LITZ INVESTMENTS LLC
17373 BAL HARBOUR DR
WINTER GARDEN, FL 34787MBRFELIPE MACIADO DE CARVALHO
8777 NW 47TH DR
CORAL SPRINGS, FL 33067

(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 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.JOSE LUIZ DOMINGUES

Typed or printed name of signer

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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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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11220000568723

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

11k.i.

"AMBR" = Authorized Member.

"MGR" = Manager

Name and Address:

MBR

DOSSANTOS ENTERPRISES LLC
8621 MIRALAGO WAY
PARKLAND, FL 33076

MGR

PRISCILA MIRA LITZ DOMINGUES
17373 BAL HARBOUR DR
WINTER GARDEN, FL 34787

MGR

JOSE LUIZ DOMINGUES
16749 BROADWATER AVE
WINTER GARDEN, FL 34787

(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 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.

JOSE LUIZ DOMINGUES

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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