

**L22000072847**  
Florida Department of State  
Division of Corporation  
Electronic Filing Cover Sheet

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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**FLORIDA LIMITED LIABILITY CO.  
SHALOM BUSINESS, LLC**

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

02/20/2022 06:53PM 7727773071

TaxPeople

PAGE 01

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2/18/2022 2:25:08 PM PAGE 1/001

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



February 18, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAXPEOPLE LLC

SUBJECT: SEALOM BUSINESS, LLC  
REF: W22000020385

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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please add the suffix so the name reflects the business entity active on our records.

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

Summer Chatham  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H22000062818  
Letter Number: 122A00004109

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COVER LETTER

22 FEB 21 AM 11:22

TO: New Filing Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SHALOM BUSINESS, LLC

SUBJECT: \_\_\_\_\_  
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:

Claudio Toledo Ribeiro

\_\_\_\_\_  
Name of Person

TAXPEOPLE, LLC

\_\_\_\_\_  
Firm/Company

2855 SW Brighton St

\_\_\_\_\_  
Address

Port St Lucie, FL 34953

\_\_\_\_\_  
City/State and Zip Code

info@taxpeoplefl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudio Toledo Ribeiro at ( 772 ) 460.1000

\_\_\_\_\_  
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 FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

**SHALOM BUSINESS, 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:

2855 SW Brighton St Port St Lucie, FL 34953	2855 SW Brighton St 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)

<u>Port St Lucie</u>	<u>FL</u>	<u>34953</u>
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)



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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:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBR	<b>CARLOS ROBERTO CORNELSEN</b>
	Pres. Rodrigo Otávio, nº 1070 Hugo Lange, Curitiba, PR, CEP 80045-395, Brazil.

AMBR	<b>RAFAEL RENATO PEREIRA</b>
	Pres. Rodrigo Otávio, nº 1070 Hugo Lange, Curitiba, PR, CEP 80045-395, Brazil.

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

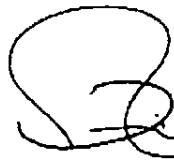
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**Claudio Toledo Ribeiro**

\_\_\_\_\_  
Typed or printed name of signee

