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.

(((H22000112784 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

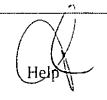
🏕*Enger∪the email address for this business entity to be used for future and report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO. XAVIER CARNEIRO LLC

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

Electronic Filing Menu Corporate Filing Menu



[1]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
XAVIER CARNEIRO 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	ne Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7901 4th St.N.STE 300	552 Palm Dr	
-St. Petersburg FL 33702	Hallandale Beach FL 33009	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent ar	e:	2
Registered Agents Inc.		ZUZZ MAK
Name	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	7
7901 4th St N STE 300	o	0

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..

Florida street address (P.O. Box NOT acceptable)

St. Petersburg

Registered Agent's Signature (REOUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	Note: first name: CARLA	A APARECIDA
AMBR	CARLA APARECIDA 7901 4th St N STE 30 St. Petersburg FL 33	XAVIER CARNEIRO 702	
	48-14-17		
(Use attachment if necessary)			2022 HA
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of	et the applicable statutory filin	nve business days prior (\$40,250)	7
ARTICLE VI: Other provisions, if any.		<u> </u>	
REQUIRED SIGNATURE:		-	
This document is executed I am aware that any false in constitutes a third degree for		15.0203 (1) (b), Florida Statutes, iment to the Department of State 155, F.S.	

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)