

L2000173045
 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 : WF TAXES AND MORE INC.
 Account Number : I20200000043
 Phone : (772)879-0010
 Fax Number : (772)879-0150

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

Email Address: WFTAXES.MORE@GMAIL.COM

RECEIVED
 2022 APR 26 PM 2:39
 DIVISION OF CORPORATIONS
 FLORIDA DEPARTMENT OF STATE

**FLORIDA LIMITED LIABILITY CO.
 TRUCKLIFEBRASILUSA TRANSPORT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

FILED
 2022 APR 26 PM 2:04
 TALLAHASSEE, FL

85

COVER LETTER

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

SUBJECT: TRUCKLIFEBRASILUSA TRANSPORT 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:

FELIPE P. FERRAZ

Name of Person

TRUCKLIFEBRASILUSA TRANSPORT LLC

Firm/Company

357 POINSETTIA AVE

Address

FORT PIERCE, FL 34982

City/State and Zip Code

WFTAXES.MORE@GMAIL.COM

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

For further information concerning this matter, please call:

FELIPE P. FERRAZ

Name of Person

at (561) 951 2009

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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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUCKLIFE BRASIL USA TRANSPORT 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:

357 POINSETTIA AVE
FORT PIERCE, FL 34982

357 POINSETTIA AVE
FORT PIERCE, FL 34982

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:

FELIPE P. FERRAZ

Name

357 POINSETTIA AVE

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

<u>FORT PIERCE</u>	<u>FLORIDA</u>	<u>34982</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 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)

TALAMON & ASSOCIATES, P.A.
STATE

2022 APR 26 PM 2:01

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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:

AMBR

FELIPE P. FERRAZ
357 POINSETTIA AVE
FORT PIERCE, FL 34982

(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:

Felipe Ferraz

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.

FELIPE P. FERRAZ

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)

2022 APR 25 PM 2:01
FLORIDA ASSOCIATE

FILED