Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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H220001646613ABC

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I20140000089 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@6FSTAX ACCT. COM

ALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO. ALLEGRA ATLANTIC LLC

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Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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COVER LETTER

	New Filing Sec Division of Cor					
SUBJEC		ATLANTIC LLC				
SUMPL	* ·	Nатто о	Limited Lisbil	ity Company		
The enclo	sed Articles of	Organization and foc(s) are submitted	for filing.		
Please ret	an all correspo	ndence concerning th	is matter to the (bllowing		
	GILVAM F	DOS SANTOS				
	-		Name of	Person		
	GFS TAX &	ACCOUNTING SEE	RVICES			
			Firm/Co	mpany		2022 -::::
	11764 W SA	MPLE RD STE 102				H.V. T.T. YM 2202
			Addi	cas		-6 SSE SSE
	CORAL SPI	UNGS FL 33065				
	INFO@GERT	'AXACCT.COM	City/State at	d Zip Code		
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For further	information co	neerning this matter, p	lease call:			
	GILVAM DO		954 4 (9573244		
	Nam	e of Panson	Area Code	Daytime Telephon	e Number	
Enclosed	is a check for t	he following amount:				
_	00 Filing Fee	CI\$130.00 Filing P Certificate of Statu	a Certif	5.00 Filing Fee & ied Copy al copy is enclosed)	□\$160.00 Filin Certificate of SI Certified Copy (additional copy is	iatus &
		12 Address Hing Section		Street Address New Filing Section D	ivision	
	Divisi	on of Corporations lox 6327		The Centre of Tallahi 2415 N. Monroe Stre	788C0	

Tallahassee, FL 32314

Tallahassee, FL 32303

From; Juliana dos santos

4220001646613

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 3 of 4

ALLEGRA ATLANTIC LLC						
(Must contain the wo	rds "Limited Lia	bility Company, '	L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of t	he principal offic	ce of the Limited	Liability Company is:			
Principal Office	Address:		Mailing Address:			
3555 NE 163RD ST NORTH MIAMI FL 33160			NE 163RD ST TH MIAMI FL 33160			
NOXIII MARKET E 35100						
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Flo	arve as its own Ra	egistered Agent.	it's Signature: You must designate un individual	lar	2022	
ARTICLE III - Registered Agent, Regis	rve as its own Ri rida registration.)	egistered Agent. `)	it's Signature: You must designate un individual	lor ALLAH	2022 MA	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot seanother business entity with an active Flo	rive as its own Ri rida registration.) I the registered a	egistered Agent. `)	You must designate an individual	lar ALLAHAS	2022 MAY -	****
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot seanother business entity with an active Flo	erve as its own Received a registered at ACCOUN	egistered Agent. `) Yent we :	You must designate an individual	ALLAHASSE	2022 MAY -6	ī
ARTICLE III - Registered Agent, Registered Agent	rive as its own Rivida registration.) I the registered appropriate the reg	egistered Agent.) gent ære: <u>VTING SERVICI</u> Name	You must designate an individual	ALLAHASSEE,	4-6	r
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot a another business entity with an active Flo The name and the Florida street address o GFS T	erve as its own Rerida registration. If the registered approximately ap	egistered Agent.) gent ære: <u>VTING SERVICI</u> Name	S	ALLAHASSEE,	Y-6 AM	
ARTICLE III - Registered Agent, Registered Agent	erve as its own Rerida registration. If the registered approximately ap	egistered Agent.) gent are: VTING SERVICE Name O STE 102	S	ALLAHASSEE, FLORID,	4-6	r

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 famillar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H220001646613

Title: "AMBR" Authorized Member "MGR" Manager	Name and Address:	
AMBR	FRANCISCO INACIO CARNEIRO NETO 3355 NE 163RD ST MIAMI FL 33160	• • •
		•
		之上言
(Use attachment if necessary) LEV: Effective date, if other than the date of fective date is listed, the date must be spe-	of filing: (OPTIONAL) cific and examot be more than five business days prior to or 90	ASSEMAN ASSEMAN
of filing.) If the date inserted in this block does not m umout's effective date on the Department o	cet the applicable statutory filing requirements, this date will not	be Tike
LE VI: Other provisions, if any. SE: PERSONAL CARE SERVICES		-
REQUIRED SIGNATURE:	Dela	
l am aware that any false	mber of an authorized representative of a mamber. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
FRANCISCO INA	CTO CARNEIRO NETO Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)