

**121000280889**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H22000201341 3)))



H220002013413ABCP

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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

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

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

RECEIVED  
2022 JUN 21 AM 11:29  
REGISTRATION  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
COSTA SERVICES USA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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22 JUN 21 PM 12:35  
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TALLAHASSEE, FLORIDA

06/21/2022 10:35AM 7727773071

TaxPeople

PAGE 01

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TaxPeople  
6/10/2022 5:13:28 PM PAGE 1/001 Fax Server

3 PD  
Attempt 11



June 10, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAXPEOPLE LLC

Thank  
you!

SUBJECT: COSTA SERVICES USA, LLC  
REF: W22000078211

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.

Please disregard previous fax.,  
P22000039345

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P22000039345.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

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

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: B22000201341  
Letter Number: 722A00013078

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

**COSTA PROFESSIONAL SERVICES USA, 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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TALLAHASSEE, FLORIDA



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**COSTA PROFESSIONAL SERVICES USA, 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:**140 SW PEACOCK BLVD # 21-204  
PORT ST LUCIE, FL 34986**Mailing Address:**140 SW PEACOCK BLVD # 21-204  
PORT ST LUCIE, FL 34986**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

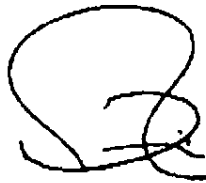
2855 SW BRIGHTON STFlorida street address (P.O. Box **NOT** acceptable)PORT ST LUCIEFL34953

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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TALLAHASSEE, FLORIDA

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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

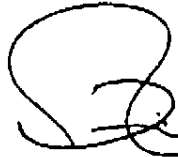
**Name and Address:**

AMBR	FIRST NAME: WARLEY LAST NAME: COSTA DE PAULA 140 SW PEACOCK BLVD # 21-204 PORT ST LUCIE, FL 34986
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(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

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