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.

(((H22000263625 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 120200000009

Phone : (954)544-1000 Fax Number : (954)678-4500

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

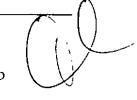
HELLO@JTAXCORP.COM Email Address:____

FLORIDA LIMITED LIABILITY CO. TROVAO CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TICI	E I	- N	ame:
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The name of the Limited Liability Company is:

TROVAO CONSTRUCTION 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:
10282 BOCA ENTRADA BLVD APT 129	SAME
BOCA RATON FL 33428	

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:

JTA	X CORP	
	Name	
23123 STATE ROAD	7 STE 315	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
BOCA RATON	FL	33428
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)

To:

ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	authorized Member	Name and Address:		
"MGR" = Ma	anager			
AMBR		EGBERTO TROVAO COSTA		
		10282 BOCA ENTRADA BLVD APT 129		
		BOCA RATON FL 33428		
				
				
				
				
				
(Use attachm	ent if necessary)			
ARTICLE V. Effectiv	e date, if other than the date of	of filing:	(OPTIONAL)	
		cific and cannot be more than five busine		rys-after
the date of filing.)				122
		eet the applicable statutory filing requiren	nents, this date will not be	
the document's effecti	ve date on the Department of	of State's records.	 .,	9
ARTICLE VI: Other p	rovisions if any		(); 2 .	‡ [
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REOUIRED	SIGNATURE:		3	ω
	Signature of a mer	mber or an authorized representative of	a member.	
		ed in accordance with section 605.0203 (1)		
	I am aware that any false	information submitted in a document to the felony as provided for in s.817.155, F.S.		
		NIRVANDO COLARES BATISTA		
		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)



August 4, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

JTAX CORP

From: Jtax Corp

SUBJECT: THUNDER CONSTRUCTION LLC

REF: W22000101210

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and we refax the complete document, including the electronic filing cover sheet.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000255293 Letter Number: 622A00017454