

9/21/22, 10:41 AM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000410238

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC
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: _____

**FLORIDA LIMITED LIABILITY CO.
G&S PARTNERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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September 19, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOSSANTOS AND MACHADO, LLC

SUBJECT: G&S SPORTS LLC
REF: W22000118965

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.

The document number of the name conflict is L22000109704.

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.

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KAIN COSTELLO
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000321107
Letter Number: 222A00020814

RECEIVED
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11:23

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: G&S PARTNERS 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:

JULIANA MACHADO

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

INFO@GFSTAXACCT.COM

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

For further information concerning this matter, please call:

JULIANA MACHADO

754

301-2128

at ()

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G&S PARTNERS 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:16480 S POST RD 302
WESTON FL 33331Mailing Address:16480 S POST RD 302
WESTON FL 33331

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:

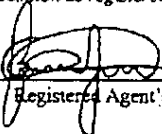
GUILHERME RESENDE SILVA

Name

16480 SPOST RD 302Florida street address (P.O. Box NOT acceptable)

<u>WESTON</u>	<u>FL</u>	<u>33331</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 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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

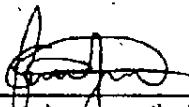
"MGR" = Manager

Name and Address:AMBRGUILHERME RESENDE SILVA
16480 S POST RD 302
WESTON FL 33331AMBRSAMARA J ARAUJO DUARTE
16480 S POST RD 302
WESTON FL 33331

(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.GUILHERME RESENDE SILVA

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)

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