

9/21/22 1:24 PM
C22000410410
Division of CorporationsFlorida 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.

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To:

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

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
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@gfstaxacct.comFLORIDA LIMITED LIABILITY CO.
DISTRIBUIDORA XENON LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 SEP 21 PM 1:42

TALLAHASSEE, FLORIDA

22 SEP 21 PM 12:35

O - BERMUDEZ ASSOC
100 SW 10th Ave, Suite 100
Tallahassee, FL 32301

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DISTRIBUIDORA XENON 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:

GILVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE ROAD STE 102

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

INFO@GFSSTAXACCT.COM

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

For further information concerning this matter, please call:

GILVAM DOS SANTOS 954 9573244
Name of Person at 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

BERMUDEZ 5506
SW 10th Av. Ste
TALLAHASSEE, FL 32303

BERMUDEZ 5506
SW 10th Av. Ste
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:

DISTRIBUIDORA XENON 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:

11764 W SAMPLE ROAD STE 102
CORAL SPRINGS FL 33065

Mailing Address:

11764 W SAMPLE ROAD STE 102
CORAL SPRINGS FL 33065

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:

GFS TAX & ACCOUNTING SERVICES

Name

11764 W SAMPLE ROAD

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

CORAL SPRINGS FL 33065

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.

Juliana dos Santos
Registered Agent's Signature (REQUIRED)

(CONTINUED)

enclosure

Address

Monitor Street Suite 110
Coral Springs FL 33065

FILED
IN CLERK'S OFFICE
PALM BEACH COUNTY

22 SEP 21 PM 12:35

Andr.

Box 632

See,

Art

Box 63
See,

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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

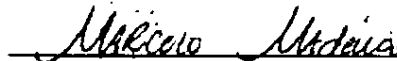
"MGR" = Manager

Name and Address:AMBRMARCELO MADEIRA
11764 W SAMPLE ROAD STE 102
CORAL SPRINGS FL 33065AMBRSIMEAO HORACIO CAMILO DA SILVA
11764 W SAMPLE ROAD STE 102
CORAL SPRINGS FL 33065

(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.**PURPOSE - PRODUCT DISTRIBUTION****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.

MARCELO MADEIRA

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)

22 SEP 21 PM 12:35

FILED

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3P