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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : 120160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: assistant.toni@larsonacc.com

**FLORIDA LIMITED LIABILITY CO.
ORLANDO MAJESTY VACATION HOMES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ORLANDO MAJESTY VACATION HOMES 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:

1446 BLUE HORIZON DR
CLERMONT, FL 34714

Mailing Address:

1446 BLUE HORIZON DR
CLERMONT, FL 34714

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:

CARLOS AUGUSTO SERAFIM

Name

198 LONGHIRST LOOP

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

OCOE

FL

34761

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..

Carlos Augusto Serafim

Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H22000424546 3)))

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

CLEZIO BISPO DE MESSIAS JR.

1446 Blue Horizon Dr

Clermont, FL 34714

AMBR

ELICARLA C. C. DOURADO

1446 Blue Horizon Dr

Clermont, FL 34714

AMBR

CLEOPATRA COSTA PORTO

1446 Blue Horizon Dr

Clermont, FL 34714

AMBR

CARLOS AUGUSTO SERAFIM

198 Longhirst Loop

Ocoee, FL 34761

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2023 (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:

Carlos Augusto Serafim

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.

CARLOS AUGUSTO SERAFIM

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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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

IVANO GOMES MENDES

1446 Blue Horizon Dr

Clermont, FL 34714

AMBR

FELIPE EULALIO D. M. DA SILVA

1446 Blue Horizon Dr

Clermont, FL 34714

AMBR

LISA ANN SCHUMMER

198 Longhirst Loop

Ocoee, FL 34761

(Use attachment if necessary)

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CARLOS AUGUSTO SERAFIM

Typed or printed name of signer

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)