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 : TAXPEOPLE LLC Account Number : 120200000160 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:_

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FLORIDA LIMITED LIABILITY CO. TOP JOBS HARDWOOD FLOORS LLC

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Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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Help

COVER LETTER

TO:	New Filing Section
	Division of Corporations

	TOP JO	BS HA	RDWO	OD FLOORS	LLC	
SUBJECT:						
	Na	me of Lir	nited Liabilit	y Company		
The enclosed Arti	cles of Organization an	d feets) ai	re submitted	for filing.		
Please return all c	orrespondence concern	ing this m	atter to the fe	ollowing:		
			Claudio Tole	edo Ribeiro		
			Name of 1	Person		
			TAXPEOP	LE, LLC		
	Firm/Company					
	2855 SW Brighton St					
<u></u>			Addre	ess.		
			Port St Luci	e, FL 34953		
		(Lity/State and	l Zip Code		
			info@taxp	eoplefl.com		
	E-mail address: (to be used	d for future a	nnual report notificati	ion)	
For further informa	ation concerning this ma	atter, plea	se call:			
Claud	io Toledo Ribeiro	at (772)	460.1000		
<u> </u>	ame of Person	 -	Area Code	Daytime Telephone	e Number	23 JAN 1
Enclosed is a che	ck for the following am	iount:				<u>≚</u> ~
■ \$125.00 Filing	Fee ☐\$130.00 Fi Certificate of		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate Certified (Filing Fee, Copy

Malling 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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOP JOBS HARDWOOD FLOORS 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:

775 SANDIA AVE PORT ST LUCIE, FL 34983 775 SANDIA AVE PORT ST LUCIE. FL 34983

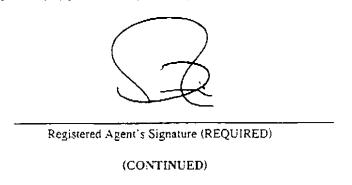
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

	<u>TAXPEOPLE, LU</u>	<u>C</u>
	Name	
	2855 SW Brighton S	it
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Port St Lucie	FL	34953
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..





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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	First Name: CHELTON BASILIO
	Last Name: DIAS
	Address: 775 SANDIA AVE
	City/State/Zip: PORT ST LUCIE, FL 34983

(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 c	annot be more than five business days prior to or 90 days a

fter the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filling 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

