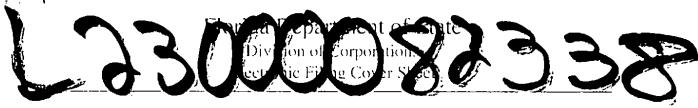
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 12020000009 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. **

Email Address: HELLO@JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO. LEMOS COMPANY LLC

Certificate of Status	0
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Help

From: Jiax Corp Fax: 19546784500 To. Fax: (850) 617-6381 Page: 3 of 4 02/21/2023 11:49 AM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

LEMOS COMPANY 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:	<u>Mailing Address</u> :		
22159 PALMS WAY APT 102	SAME		
BOCA RATON, FL 33433			

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:

LTA	AX CORP	
	Name	
23123 STATE ROAD	7 STE 315	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
HOCA 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..



(CONTINUED)

From: Jtax Corp

. . . .

Fax: 19546784500 To

Fax. (850) 617-6381

Page: 4 of 4

02/21/2023 11:49 AM

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

<u>Title:</u>	Name and Address;
	ithorized Member
"MGR" = Mai	•
AMBR	THAIS MARQUES DE LEMOS 22159 PALMS WAY APT 102
	BOCA RATON FL 33433
	500
(Use attachine	nt if necessary)
(If an effective date is he the date of filing.) Note: If the date insert	date, if other than the date of filing:
ARTICLE VI: Other pr	ovisions, if any.
	21/25/ 4/01/35 12
<u>REOUIRED</u>	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.
	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)