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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAXPEOPLE LLC Account Number : I20200000160 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:_

FLORIDA LIMITED LIABILITY CO. SC GENERAL SOLUTIONS, LLC

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

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section of Cor					
		SC G	ENER	AL SOL	LUTIONS, LL	C
SUBJE	CT:					
	-	Na	me of Limi	ited Liabilit	y Company	
The end	closed Articles of	Organization an	d fee(s) are	submitted	for filing.	
Please	return all correspo	ondence concern	ing this ma	tter to the f	ollowing:	
			C	laudio Tol	edo Ribeiro	
				Name of l	Person	
			7	TAXPEOP	LE, LLC	
				Firm/Cor	npany	
			:	2855 SW B	righton St	
			5	Addre	SS	
			F	ort St Luci	e, FL 34953	
			Ci	ty/State and		
					eoplefl.com	 _
	į	E-mail address: (to be used	for future a	nnual report notificat	ion)
For furth	ner information co	ncerning this m	atter, please	r call:		
	Claudio Tole	edo Ribeiro	at i	772)	450.1000	
	Name of	î Person		rea Code	Daytime Telephon	e Number
Enclos	ed is a check for t	he following an	iount:			
■\$ 12	5.00 Filing Fee	□ \$130.00 Fi Certificate of		Certifi	5.00 Filing Fee & ed 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 Taliahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



(((H23000069159 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SC GENERAL SOLUTIONS, 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:

151 SW PALM DRIVE #102 PORT ST LUCIE, FL 34986

151 SW PALM DRIVE #102 PORT ST LUCIE, FL 34986

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:

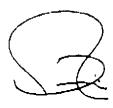
 TAXPEOPLE, LLC	
Name	

2855 SW Brighton St
Florida street address (P.O. Box NOT acceptable)

 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 hability 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	Memb

"MGR" = Manager

Name and Address:

AMBR	First Name: HECTOR MAURICIO
	Last Name: SANTOS CASTANEDA
	Address: 151 SW PALM DRIVE #102
	City/State/Zip: PORT ST LUCIE, FL 3486
AMBR	First Name: LUISA FERNANDA
	Last Name: CAICEDO TORO
	Address: 151 SW PALM DRIVE #102
	City/State/Zip: PORT ST LUCIE, FL 3486

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REOUIRED SIGNATURE:

(Use attachment if necessary)



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

