Division of Corporations

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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From:			- I
		: TAXPEOPLE LLC	ASSE VIANY
	Account Number	: 120200000160	Ŭ7 €
	Phone	: (772)460-1000	FT-1
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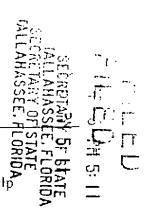
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# FLORIDA LIMITED LIABILITY CO. ARTILES SCREEN REPAIRS, LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu



### **COVER LETTER**

TO:	New Filing Section
	Division of Corporations

		ARTI	LES S	CREEN	REPAIRS, LL	.C
SUBJECT	`.				· · <del>-</del>	
3016601		Na	me of Li	mited Liabili	ry Company	<del></del>
The enclos	sed Articles of	Organization and	d fee(s) a	re submitted	for filing.	
Please retu	ım all correspo	ondence concerni	ing this n	atter to the f	following:	
				Claudio Tol	edo Ribeiro	
				Name of	Person	
				TAXPEOP	LE, LLC	
				Firm/Co	mpany	<del></del>
				2855 SW B	righton St	
				Addre	÷55	
				Port St Luci	e, FL 34953	
			(	City/State and	l Zip Code	
				info@taxp	eoplefl.com	
	I	E-mail address: (	to be use	d for future a	nnual report notificati	ion)
For further	information co	nceming this ma	itter, piea	se call:		
	Claudio Tole	do Ribeiro	at (	772)	460.1000	
_	Name of	Person		Area Code	Daytime Telephone	: Number
Enclosed i	is a check for t	he following am	ount:			
	) Filing Fee	□\$130.00 Fil Certificate of	ing Fee S	Certifi	5.00 Filing Fee & ed Copy al 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



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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

## ARTILES SCREEN REPAIRS, 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:

2018 S 10<sup>TR</sup> ST FORT PIERCE, FL 34950 2018 \$ 10<sup>TH</sup> ST FORT PIERCE, FL 34950

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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	ed to manage and control the Limited Liability Company:  Name and Address:
"MGR" = Manager  AMBR	First Name: ERNESTO Last Name: ARTILES TOSCO
	Address: 2018 S 10 <sup>TH</sup> ST City/State/Zip: FORT PIERCE, FL 34950
(Use attachment if necessary)	

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

