L23000315214

Florida Department of State

Division of Corporations

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Division of Corporations
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From:

Account Name : DOSSANTOS AND MACHADO,LLC
Account Number : 120140000808
Phone : (754)391-2578
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
MARION OAKS EVOLUTION LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$130.00

Electronic Cover Sheet | Help

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: MARION OAKS EVOLUTION LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIANA MACHADO, CPA
Name of Person

GFS TAX & ACCOUNTING SERVICES
Firm/Company

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

JULIANA MACHADO at (754) 301-2128
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐$125.00 Filing Fee ☐$130.00 Filing Fee & Certificate of Status ☐$155.00 Filing Fee & Certified Copy (additional 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

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

MARION OAKS EVOLUTION 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:
16749 BROADWATER AVE WINTER GARDEN, FL 34787	16749 BROADWATER AVE WINTER GARDEN, FL 34787

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:

GFS TAX & ACCOUNTING SERVICES
Name

11764 W SAMPLE RD STE 102
Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33065
City State Zip

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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.

Juliana Machado
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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	HARMONY REAL ESTATE INVESTMENTS LLC 4700 NW BOCA RATON BLVD STE 202 BOCA RATON, FL 33431
AMBR	PRIMALITZ LLC 16749 BROADWATER AVE WINTER GARDEN, FL 34787
AMBR	FELIPE MACHADO 8777 NW 47TH DR CORAL SPRINGS, FL 33067
AMBR	HELOISA GERMANO DOMINGUES REDWITZ R JOSE IZIDORO BIAZETTO 845 APT 403 TORRE 3 CURITIBA, PARANA 81200-240 BRAZIL

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ARTICLE V: Effective date, if other than the date of filing: _____. (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:

_____
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.

_____
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: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JOSE LUIZ DOMINGUES 16749 BROADWATER AVE WINTER GARDEN, FL 34787
MGR	PRISCILLA LITZ DOMINGUES 1043 EAGLECREST DR OAKLAND, FL 34787
AMBR	BEATRIX INVESTMENTS LLC 16749 BROADWATER AVE WINTER GARDEN, FL 34787
AMBR	DOSSANTOS ENTERPRISES LLC 8621 MIRALAGO WAY PARKLAND, FL 33076

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
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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:

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.

JOSE LUIZ DOMINGUES
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)