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.

(((H23000238725 3)))



H230002387253ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAXPEOPLE LLC Account Number : 120200000160 : (772)460-1000 Phone 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. LOPES FLOOR TILE, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ttpa://efile.sunblz.org/scnpts/efilcovr.exe

COVER LETTER

Division of Corporations		
LOPES	FLOOR	TILE, LLC
SUBJECT:		
Name of Lis	mited Liabili	ty Company
The enclosed Articles of Organization and fee(s) a	ire submitted	for filing.
Please return all correspondence concerning this n	natter to the f	ollowing:
	Claudio Tol	edo Ribeiro
	Name of	Person
	TAXPEOP	LE, LLC
	Firm/Cor	npany
	2855 SW B	righton St
· · · · · · · · · · · · · · · · · · ·	Addre	:55
	Port St Luci	e. FL 34953
	City/State and	
E-mail address: (to be use	-	eoplefl.com innual report notification)
For further information concerning this matter, plea		
Claudio Toledo Ribeiro at (772)	460,1090
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:		ر د د د د د د د د د د د د د د د د د د د
■\$125.00 Filing Fee	Certifi	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & 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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LOPES FLO	OOR TILE, LLC
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1410 Tradition Cir Apt # 309 Melbourne, FL 32901	1410 Tradition Cir Apt # 309 Melbourne, FL 32901

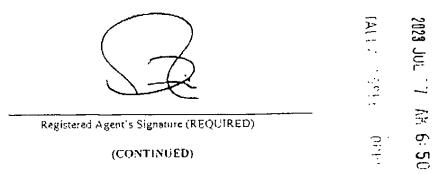
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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	<u> </u>
	Name	
2	855 SW Brighton S	St
Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)
Port St Lucie	FL	34953
Çity	Stare	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..





(((H23000238725 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	First Name: RAILSON Last Name: LOPES DA SILVA Address: 1410 Tradition Cir apt #309 City/State/Zip: Melbourne, FL 32901
(Use attachment if necessary)	
offiling.)	specific and cannot be more than five business days prior to or 90 c
fective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days prior to or 90 c meet the applicable statutory filing requirements, this date will not be
fective date is listed, the date must be so of filing.) The date inserted in this block does not iment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 c meet the applicable statutory filing requirements, this date will not be
fective date is listed, the date must be so of filing.) The date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a 1 This document is executed an aware that any factors.	pecific and cannot be more than five business days prior to or 90 c meet the applicable statutory filing requirements, this date will not be
fective date is listed, the date must be so of filing.) The date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a 1 This document is executed an aware that any factors.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. elies information submitted in a document to the Department of State.

