

L23000478196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

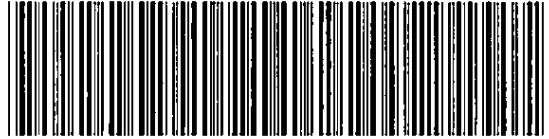
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200416766002

10/05/23--01032--005 \*\*125.00

FILED  
2023 OCT -5 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AMICITA BUILDINGS 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:

CLAUDIA GIRALDELLI LIMA  
Name of Person

CLAUDIA LIMA TAX & ACCOUNTING LLC  
Firm/Company

2546 AULD SCOT BLVD  
Address

OCFEE, FL 34761  
City/State and Zip Code

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

For further information concerning this matter, please call:

CLAUDIA LIMA 407 5527903  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMICITA BUILDINGS 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:

15218 SUNRISE GROVE CT  
WINTER GARDEN, FL 34787

15218 SUNRISE GROVE CT  
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:

CLAUDIA LIMA TAX & ACCOUNTING LLC

Name

2546 AULD SCOT BLVD

Florida street address (P.O. Box **NOT** acceptable)

OCOE

FL

34761

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.*

Claudia Lima

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 OCT -5 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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/MGR

RENATO PUGLIESI  
15218 SUNRISE GROVE CT  
WINTER GARDEN, FL 34787

AMBR

MARIANA GIMENES PUGLIESI  
15218 SUNRISE GROVE CT  
WINTER GARDEN, FL 34787

AMBR

MAURICIO PUGLIESI  
AV AFFONSO JOSE AIELLO 20200  
BAURU, SP 17018-520 BRAZIL

AMBR

KAREN CAMPI PUGLIESI  
AV AFFONSO JOSE AIELLO 20200  
BAURU, SP 17018-520

(Use attachment if necessary)

**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.

RENATO PUGLIESI

Typed or printed name of signer

**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)

2023 OCT -5 AM 8:48  
SECRETARY OF STATE  
CLERK'S OFFICE

FILED

ATTACHMENT

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

**TITLE: AMBR**

**FIRST NAME:** ALESSANDRA

**LAST NAME:** MARQUES CORREA AFONSO

**ADDRESS:** RUA THOMAZ NOGUEIRA GAIA 3629 LT 85

**CITY:** RIBEIRAO PRETO

**STATE:** SP

**ZIP CODE:** 14021-653

**COUNTY:** BRAZIL

**TITLE: AMBR**

**FIRST NAME:** EDUARDO

**LAST NAME:** GOMES AFONSO

**ADDRESS:** RUA THOMAZ NOGUEIRA GAIA 3629 LT 85

**CITY:** RIBEIRAO PRETO

**STATE:** SP

**ZIP CODE:** 14021-653

**COUNTY:** BRAZIL

**TITLE: AMBR**

**FIRST NAME:** DEBORAH

**LAST NAME:** BRANCO DE OLIVEIRA E SILVA

**ADDRESS:** AL STA CAROLINA 53

**CITY:** ITU

**STATE:** SP

**ZIP CODE:** 13301-861

**COUNTY:** BRAZIL

**TITLE: AMBR**

**FIRST NAME:** FABIO AUGUSTO

**LAST NAME:** DE OLIVEIRA E SILVA

**ADDRESS:** AL STA CAROLINA 53

**CITY:** ITU

**STATE:** SP

**ZIP CODE:** 13301-861

**COUNTY:** BRAZIL

FILED  
2023 OCT -5 AM 8:48  
CLERK OF SUPERIOR COURT  
TALLAHASSEE FL

TITLE: AMBR

FIRST NAME: GISELA

LAST NAME: PUGLIESI PAJOLLA

ADDRESS: AV APARECIDO SAVEGNAGO 00100, BL 2 APT 76

CITY: RIBEIRAO PRETO

STATE: SP

ZIP CODE: 14022-032

COUNTY: BRAZIL

TITLE: AMBR

FIRST NAME: GIOVANNA

LAST NAME: ZOLEZZI MAZZEI

ADDRESS: RUA HILDO FRANCISCO MATIELLO ALCANTY 484

CITY: JAU

STATE: SP

ZIP CODE: 17213-758

COUNTY: BRAZIL

TITLE: AMBR

FIRST NAME: ITALO JOSE

LAST NAME: MAZZEI

ADDRESS: RUA HILDO FRANCISCO MATIELLO ALCANTY 484

CITY: JAU

STATE: SP

ZIP CODE: 17213-758

COUNTY: BRAZIL

TITLE: AMBR/ MGR

FIRST NAME: FLAVIO RODRIGO

LAST NAME: MARCAL

ADDRESS: 15485 MURCOTT BLSSM BL

CITY: WINTER GARDEN

STATE: FL

ZIP CODE: 34787

FILED  
2023 OCT -5 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FL







# Binder2

Final Audit Report

2023-09-25

|                 |  |
|-----------------|--|
| Created:        | 2023-09-25                                   |
| By:             | Claudia Lima (info@claudialimatax.com)       |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAA-jC6Q80MgBQNgopbLAM5eY5WFlvN1wFO |

## "Binder2" History

-  Document created by Claudia Lima (info@claudialimatax.com)  
2023-09-25 - 4:24:10 PM GMT
-  Document emailed to renatinho13@live.com for signature  
2023-09-25 - 4:24:41 PM GMT
-  Email viewed by renatinho13@live.com  
2023-09-25 - 4:30:27 PM GMT
-  Signer renatinho13@live.com entered name at signing as Renato Pugliesi  
2023-09-25 - 4:31:28 PM GMT
-  Document e-signed by Renato Pugliesi (renatinho13@live.com)  
Signature Date: 2023-09-25 - 4:31:30 PM GMT - Time Source: server
-  Agreement completed.  
2023-09-25 - 4:31:30 PM GMT

FILED  
2023 OCT -5 AM 8:48  
SECRETARY OF SIA  
TALLAHASSEE, FL